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ADDRESS.

*TREATMENT OF DISEASES vs. TREATMENT OF SYMPTOMS.**

BY J. C. APPLEGATE, M.D.,

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MR. PRESIDENT AND GENTLEMEN: The scientific practice of medicine consists, I think, first, in ascertaining the real cause or origin of the disease, and, secondarily, in the administration of such agents as will be most efficacious for the alleviation of the same.

We not infrequently hear the remark, however, that "if we treat the symptoms we treat the disease." This, in my opinion, is a broad assertion, and well worthy of careful consideration, the real importance of which can only be comprehended when we consider the estimate or value of a human life; for surely, when there is a departure from the state of health, that life is at stake; and if the origin of the disease is not earnestly sought for, although the danger may not be imminent, it may be that the foundation for the final illness of that person has been laid.

In this, gentlemen, I am not criticising any physician's method of practicing more than my own.

I consider that when we accept the symptoms of a patient hastily and administer our shot-gun preparations, believing that if one ingredient will not be effectual another will, we fail to realize the greatness of our responsibility. Not only this, but our scientific practice has degenerated to nothing more nor less than scientific guessing.

It is true that in some instances symptomatic treatment is all that is required. In many more it certainly is not, and a specific, regardless of its influence upon the symptoms, is requisite.

To ascertain the real cause or origin of a disease at its onset is not always practicable, and under such circumstances the symptoms, only for the time being, can be treated.

In certain diseases, as is well known, a great similarity of symptoms exists, and in such a certain length of time must necessarily elapse before a correct diagnosis can positively be made.

Even the expert diagnostician finds himself ofttimes baffled at the bedside, when questioned by anxiously inquiring friends and relatives, eager to know the nature of what is to follow.

In typhoid fever, for instance, he has often found himself even mistaken, having rendered a hasty diagnosis prior to the development of all its symptoms, and *vice versâ*.

In typhoid fever some authorities claim that if we meet the symptoms we are doing the very best we can for our patient, providing we restrict his or her diet. While the restriction of the diet is probably the most essential feature in its management, I beg to differ, for I am quite sure that it is possible to, at least, lessen the severity of the attack, at times, and possibly shorten its duration, while, on the other hand, the inflammatory process in Peyer's glands is often encouraged by many of the antipyretics, which act as irritants. To seek to reduce temperature by any of the various methods, and neglect to hold in abeyance or endeavor to

* Annual address as delivered before the Cumberland County (N. J.) Medical Society, April 12th.

lessen the inflammatory and ulcerative process in Peyer's patches, is, it seems to me, a neglect of duty.

If we wish to eradicate an evil we certainly must aim at its root.

That class of affections to which this paper is directed more particularly are the ordinary derangements of the alimentary canal.

Perhaps no other part of the human system is subject to more ills than this. Almost daily the physician is confronted with a host of symptoms setting forth a condition called dyspepsia or indigestion, which, instead of being a disease, is, nine times out of ten, simply a symptom or result of some other difficulty.

Are we not, under such circumstances, too liable to rest with the patient's subjective symptoms and their conclusive diagnosis? A digestive agent seems to be indicated, but it will be of no benefit more than to give temporary relief. The best evidence of this, I think, is given by patients themselves, who approach us with the old story, "that as long as they are taking medicine they continue improved, but as soon as it is withdrawn the symptoms return." My conclusion, then, is, if the drug has been continued a reasonable length of time, that one or more symptoms have been prescribed for and the disease proper yet remains undiscovered; for, surely all these patients are not incurables.

The so called dyspepsia may be the result of neglect of attention to the teeth, imperfect mastication, from the wasting of saliva in consequence of the excessive use of tobacco, or, perhaps, from overindulgence in order to please the palate. It may also be due to an inactive liver, lessening the amount of bile requisite, which would encourage a catarrhal state of the stomach as well as lessen the peristaltic action.

The stomach, I think, is liable to suffer from derangements of the nervous system, an anæsthetic or hyperæsthetic condition of the nerves of the stomach, uterine difficulties, or even a depressed state of the nervous system. If so, each has its respective remedies, which, if advised or administered, will, in most instances, I think, relieve those distressing symptoms on account of which the patient applied for relief.

The digestive agents have their offices, and the medical profession would be at a great loss without them; but if applied under any of the named circumstances, I cannot see how they can give more than temporary relief; at the same time, they are *dis*couraging rather than *en*couraging the natural process of digestion, by allowing the stomach to rely, at least partially, upon the artificial agent.

A most obstinate case of indigestion came under my notice last year. The patient's age was about 50 years, and you will pardon me for citing a case that recovered, as young physicians are generally credited with reporting cases that recover and not those which terminate in death.

The person of whom I speak was a dyspeptic in every sense of the word. For more than a year he did nothing but walk, sit, or lie around and hold his stomach.

As is customary with the majority of these cases, about once in three or four weeks he had a general clearing out in the way of excessive vomiting, attended by severe pains in the region of the pyloric orifice of the stomach and the liver, generally attributed to something "that he must have eaten." Gastric catarrh was the disease from which he evidently suffered, but it was only a symptom of some other difficulty. Medical attention was given him during the year by two good physicians,—not members of the Cumberland County Medical Society, however. It became manifest that gall-stones were forming, and 5 quarts of olive-oil were administered in massive doses. This, apparently, increased the stomach irritability, and, as I was informed, had little or no effect upon the pain or vomiting attacks, nor their repetition.

Near the end of the year a swelling, attended by soreness, made its appearance in the region of the liver, and caused suspicions of a malignant growth, with good reasons, I think, and the case was considered almost hopeless.

Soon after this patient suffered a very severe attack, lasting nearly a week, with excessive vomiting, prostration, and excruciating pain, which could be relieved only by hypodermatics of morphia. It was in this attack that I first saw him.

Immediately following, when the gall-bladder and ducts had freed themselves of a number of small calculi, the patient was placed on what I consider a specific, with the idea of keeping the liver and its appendages in a constantly-acting state, and, if possible, pre-

vent other concretions from forming, which, I am happy to state, I succeeded in doing.

The seizure just described occurred about fourteen months ago, and he has had none since, *i.e.*, for about eight months. He has been actively engaged, and has been allowed to eat freely, not having suffered any inconvenience from either exertion or digestion.

From this patient and similar ones I have learned two lessons: first, that it is much easier to remove the biliary deposit — the cause of the difficulty,—in other words, the nucleus for the calculus—than it is to dissolve the calculus; and, secondly, that this condition, in its early stages, is often overlooked and the attention given to its prominent symptom,—indigestion.

My opinion is that many lives are sacrificed by patients themselves becoming their own medical advisers or by listening to those who assume the responsibility of medical advisers. These people are ignorant of the nature of drugs or their physiological actions, ignorant of disease or its symptoms, and yet vial after vial of proprietary medicine is consumed, in consideration of certain subjective symptoms, not knowing whether it is to be their "meat" or their "poison."

Is it any wonder that the average life of man is so much shorter than of old?

To the action of his favorite household remedy, which, by the way, is applicable under most circumstances, there must be an equal reaction, necessitating the repetition of the dose, and deranging not only the alimentary canal, but the whole system.

The symptom for which he first resorted to his "safe" kidney-cure was, in all probability, muscular in origin, and the remedy applied was acting upon a perfectly healthy organ. If so, although apparently beneficial for the time being, from its stimulating effects, it will eventually irritate and injure that viscus.

He finally applies for medical advice, and is found in an incurable state.

Constipation, like indigestion, as a rule, is certainly not a disease, but a symptom of some other difficulty, and should be treated as such. The constant use of cathartics and active laxatives simply aggravates the trouble, and is positively injurious to health and long life.

If the pancreatic secretions are perfect, furnishing sufficient moisture to the duodenum; if fermentation and decomposition do not take place, the muscular fibres have perfect tonicity, making the peristaltic action what it should be, and, if no local obstruction exists, nature will see to it that the regular evacuation takes place.

A mode of treatment for this symptom, in vogue at the present time, which is quite popular in some localities, consists in the introduction of from a quart to a gallon of hot water into the intestinal canal per rectum, with appropriate apparatus.

Great relief and good feeling no doubt follow, but it is an artificial process which, although exceptionally all right, generally is all wrong and directly contrary to nature's laws. After a complete evacuation in this manner there must be a cessation of the intestinal functions until refilled, and that cessation will certainly make them less active, and require a repetition of the remedy necessary, as has been proven.

The inventor of this method and his followers must have misinterpreted that passage of Scripture where it states: "There shall ever be a well of water springing up within you." While indigestion, whether stomachal or intestinal, is so frequently a symptom or result of some other difficulty, and while it is not, as a rule, dangerous as to life, no disease ought to attract more attention nor to receive more careful study than this, whatever its cause may be.

The digestive organs are responsible for the welfare of the whole human being. Growth, development, and preservation depend upon them. Partial digestion means deficient nutrition to every organ and every tissue. Imperfect digestion means an impoverished blood-supply to every tissue.

What organ is not more liable to disease under such circumstances, and how often is the disorder traced to its real cause?

The heart, lungs, and brain are considered the vital organs; but let them be deprived of their nourishment, which comes through perfect digestion, and their vitality is soon impaired. Especially is this the case with the lungs, the centre of respiration, and organs of aëration of the blood. A case of indigestion, the result of neurasthenia, may be mistaken for consumption.

The patient was a female, aged 31 years; average weight, when in good health, 125 pounds; a resident of Gloucester County, New Jersey. Until two years ago she enjoyed good

health. Her history shows that she became affected at that time with a depressed state of the nervous system, soon followed by stomach irritability. From this period the symptoms of general consumption developed,—gradual wasting of flesh and loss of weight; constipation, alternating with diarrhœa; sleeplessness, shortness of breathing, night-sweats; aching through the chest, especially in the mornings; and cough, with slight expectoration. The patient of whom I speak was a relative, and, knowing there was no tendency to that disease in the family, she was brought to my residence, where a careful study of her condition was made. Her weight then—thirteen months ago—was but 87 pounds. The loss of weight and flesh could readily be accounted for by the lack of nutrition through indigestion. Her highly nervous condition caused the sleeplessness, and when sleep did come the exhaustion was so great and the sleep so deep and sound that there was complete relaxation of the nervous system. Then it was that the sweating occurred. At the same time the respiratory movements were scarcely perceptible and, consequently, from the sluggish circulation, temporary congestion of the lungs was taking place every night, followed in the morning by that aching through the chest and, finally, the cough. The remedies administered here were nothing new: dilute phosphoric acid, alternated with equal parts of emulsion of petroleum and elixir of lactopeptine. The lactopeptine was soon discontinued, and a pill—composed of nux vomica, gr. $\frac{1}{6}$; pyrophosphate of iron, gr. j; sulphate of quinine, gr. j—substituted. In four months her weight reached 120 pounds. Two months later, that is, seven months ago, she ceased taking medicine; her weight then and still is 127 pounds, and none of the former symptoms have ever returned. Her household duties are attended to with perfect ease. Life, instead of being a burden, is now a pleasure to her. I know whereof I speak, as this patient is my sister.

If that heart which beat irregularly, too strongly, or too feebly, had been examined once or twice more when the stomach was found in a good condition, a diagnosis of "heart disease" would probably not have been rendered, and that heart stimulant, regulator or depressant, which was acting upon a perfectly healthy organ, would not have been prescribed. The heart's vitality must, of necessity, be interfered with, if deprived of its fuel, which comes, as is well known, through perfect digestion.

My conclusions are: As long as we assume the responsibility of human lives,—in other words, call ourselves "doctors of medicine,"—it is our duty to first ascertain, if possible, the real cause or origin of the disease which we are to handle, instead of basing our diagnosis upon prominent symptoms. We must be scientists, scientific investigators, scientific practitioners, students of medicine as long as we are practitioners of medicine, making every patient a subject for careful study.

It is then that we can discharge our duties with permanent benefit to our patients and lasting credit to ourselves.

CLINICAL LECTURE.

A CASE OF MENORRHAGIA TREATED BY THE CURETTE.

By WILLIAM GOODELL, M.D.,
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THIS woman I have not seen before; she has been sent here, by her physician, from the country, for a diagnosis. She is 35 years of age, has been married eighteen years, and has had five children, the youngest of whom is 5 years old. Her last labor was easy, and she was up on the ninth day. She never had an instrumental labor. She did not have any milk for her last child, but felt pretty well until it was about a year old, when she began to fail in health and to lose flesh soon. Her monthlies became profuse and followed one another too closely. Later, she began to lose blood between the monthlies, and has now been bleeding continuously for the last three months.

What is the meaning of these symptoms? Why does she grow thin? If the bleeding were caused by a fibroid tumor or polypus she would not emaciate. In the majority of cases a woman grows fat, in spite of repeated bleedings from a uterine fibroid. Butchers take advantage of this fact, and bleed their calves, thereby making them fat and causing their meat to become white.

This woman says the discharge from the womb has a bad odor. That, in itself, is not significant, because any discharge detained in the cavity of the womb or vagina will become offensive. If you leave a sponge tampon in

the vagina for twelve hours it will emit a very unpleasant odor. In anteflexion or retroflexion, blood retained will become putrid.

On examination, I do not find any of the marked symptoms of disease which I expected. The womb is evidently enlarged and retroflexed, and there is unusual hardness of the cervix, which may be incipient disease; but I do not feel a trace of such ulceration, as I expected to find. I find the depth of the womb to be 3.5 inches, and I suspect that we have, in the cavity of this womb, something foreign. Whether it be vegetations, a fibroid, an epithelioma, or carcinomatous growth, I am not prepared to say.

This examination has caused considerable bleeding; I shall, therefore, now curette the womb. None of the fragments which come away look malignant, and yet the history and the appearance of the patient make me feel that her womb is the seat of some malignant disease, such as sarcoma or epithelioma. Whatever the nature of the disease, the curetting will do good temporarily or permanently, as the case may be.

Were I sure that the disease is a malignant one, I should urge her to have the womb extirpated,—an operation which I have repeatedly performed, and which is very successful, both in its immediate and remote results. I shall have the scrapings carefully examined by the microscope, although—to tell you the truth—I have not much confidence in the information which it imparts about intra-uterine growths.

What shall I write to her physician? I shall tell him this is a case which is of doubtful diagnosis, and needs watching. She is to have fluid extract of ergot ♏xx and ammonium chloride gr. v–x, three times daily. If she gets tired of fluid extract of ergot I shall substitute sugar-coated three-grain ergotin pills. I shall tell him there is no doubt as to her having a tumor of the womb, but as to whether it is a sarcoma, carcinoma, or benign fibroid can only be told by careful examination and also by curetting again, if need be.

She will take the ergot and ammonium chloride after each meal. This combination is the best I know of under the circumstances. It is also one which I should like you to remember, because I often ask for it at examinations, and I find that many of you trip up on it. For instance, when I ask what medicines should be given to a woman who is losing much blood at her monthly period, from a fibroid tumor of the womb, many of you answer ammonium chloride and ergot. Now, this is not a correct answer. During the menorrhagic attack give ergot, gallic acid, erigeron, sulphuric acid, or digitalis until the flooding is checked; but reserve your combination of ammonium chloride and ergot for the intervals between the monthlies. Ammonium chloride is not a hæmostatic, and it therefore has no immediate influence on the flooding. It is merely intended to hold permanently what the ergot gains temporarily. Ergot contracts the womb, and ammonium chloride is expected, by its influence on the absorbents, to reduce its size.

ORIGINAL COMMUNICATIONS.

UNCOMPLICATED PERCEPTIONAL INSANITY AS AN HEREDITARY CONDITION DEPENDING ON A CONSTITUTIONAL PECULIARITY OR IDIOSYNCRASY.

By G. W. MANN, M.D.

UNCOMPLICATED perceptional insanity is not a disease of the brain proper, and an idiosyncrasy is looked upon as a constitutional peculiarity, but "as great oaks from little acorns grow," so do other forms of insanity follow perceptional insanity. Although some cases recover without treatment, the chances are that they will go tumbling down the road of insanity and stop at the station of chronic intellectual mania, or other variety of brain disease. Hence, before making mention of or giving the histories of the following cases, it will be well to sketch an outline in a general way of what is meant by uncomplicated perceptional insanity. It is that degree of mental aberration which has to do with the act of perception, one or more of the senses being involved in the disorder. Thus, when an object is perceived through sense of sight, an impression is made on the retina and carried through the optic nerve to the optic thalamus or sensory ganglion, and from there, by the way of the fibres of the corona radiata, to the brain proper.

Now, when an illusion of sight occurs, such as the common house-fly (Case II) appearing

like a spider, and the illusion is carried to the brain-substance and there corrected, it shows that the brain is not affected, the sensory ganglion alone being the seat of the mental aberration, for it is there that the first act in the panorama of brain-action takes place. But if the illusion should become a delusion, then the brain proper would be involved. Hence, an uncomplicated perceptional insanity consists of illusions and hallucinations, produced by some aberration of one or more of the five senses, which aberration does not extend beyond the optic thalamus, and does not affect ideation and is under the control of the will.

I propose to explain an idiosincrasy in the following manner: It is a constitutional peculiarity over which the subject has no control; some one of the senses is aroused by being brought in contact with the offending excitant; a reflex action takes place, due to its influence over the sympathetic nervous system, and the peculiarity makes its appearance.

CASE I.—Female, aged 4, showing a marked tendency toward the nervo-sanguine temperament, was presented to me with the following history: Both parents healthy; has had none of the diseases of early childhood except eczema capitis, which easily yielded to treatment. For two weeks past she had indulged freely in fruits and contracted a slight indigestion, with tympanites as the main symptom. The child was otherwise healthy. Two days previous to my seeing her she had received a severe fright, which had caused illusions of hearing and hallucinations of sight. Now, as illusions of hearing are of unfrequent occurrence, and as the exciting cause was of such an unusual kind, the case is one that presents features of more than passing interest. While out walking with its mother, a colored man was suddenly attacked with epilepsy and fell in the fit within a few feet of the patient. She immediately threw her hands to her face and buried her head in her mother's dress. Nothing more was thought of the occurrence, and she was placed in her bed about the usual hour. Sometime in the night she awoke in a fright, crying and saying there was something on her hands (the room was dark). After a time she was quieted down and finished the night's sleep with occasional mutterings (morbid dreams). The following afternoon she was placed in bed, but again awoke saying there were bugs and roaches on her hands. She was then taken out for a walk, and while going along the street said her hands, or rather her fingers, were as large as her mother's. On returning home she lay upon a sofa, and had been there but a few minutes when she called to her mother and said that she heard a funny noise. The funny noise was discovered to be caused by the tick of a clock. On the night of the above occurrence, and after she had slept but a short time, she awoke with screams of terror. It was then that I first saw her. After making an examination and finding tympanites in a child who had overloaded her stomach with fruits, the symptoms that had occurred on the previous days not having been given me, the case was diagnosticated as one of night-terrors due to indigestion. She was accordingly placed on a regulated diet, the overabundance of fruits withdrawn, and remedial agents addressed to this condition were administered. The indigestion rapidly disappeared, but the illusions and hallucinations were still present, and of more frequent occurrence. After discovering the full history of her case she was placed under treatment for uncomplicated perceptional insanity, and benefited. In fact, all her illusions and hallucinations have now disappeared; yet she was not alarmed by them when awake, for she knew they were not real. She corrected the false impression. In connection with this case there is a peculiarly interesting idiosyncrasy existing in the mother, who is unable to pare a peach. If she should attempt to do so, she is immediately attacked with nausea and vomiting; but if the peach is pared for her she will eat it with as much relish as the average lover of this delicious fruit.

CASE II.—B , aged 20, female, of a lymphatic temperament, consulted me for "nervousness." She presented the following history: Both parents healthy. She was a dyspeptic, and suffered with its train of symptoms,—constipation, chest pains, etc. Insomnia was a marked feature in her case; had been present for some months and was, no doubt, caused through anxiety. Some few months before she presented herself to me, while away from home on a visit, she became acquainted with a man, who succeeded in winning her affections. She subsequently discovered that he was possessed of a wife, although she had become engaged to him. Her secret was discovered by

some of her female relatives, and the chagrin to which she was subjected, together with the anxiety she had lest her reputation should suffer, caused her to pass restless nights, which soon merged into sleepless ones. When sleep did occur her dreams were of the morbid kind. Now, as dreams are of some importance as a symptom in psychological medicine, one of the sign-posts, as it were, on the road to insanity, it is well, in all cases of this kind, to inquire after their character. After some few weeks of sleeplessness the symptoms of dyspepsia made their appearance, accompanied with constipation. After these conditions had lasted for some time she began to shed tears upon the slightest provocation. She would often seclude herself and cry over some sad thoughts and fancies which would pass through her mind. It was at this time that the illusions and hallucinations began to make their appearance. At times a small house-fly would appear as a large spider, but on approaching it to see if it was a spider she would immediately correct the illusion. Again, her feet would appear to be larger than they should be; images of men would pass before her; a blast of wind would sweep by her face, and occasionally she would see one object as two,—double vision. Now, while all these symptoms were present, in her case she was able to correct them and ascribe them to her imagination. The mother of this young lady was the subject of a constitutional peculiarity,—an idiosyncrasy concerning the sense of sight. The appearance of blood flowing from a living subject, when within the range of her vision, caused her to become unconscious, or semi-unconscious, after which she was attacked by vomiting. Any quantity of blood, no matter from what source it was derived, would produce the same effect.

Case III.—A gentleman patient was always attacked by urticaria when exposed to the odor of crabs. Here the sense of smell was the one aroused and the cause of his constitutional peculiarity when brought in contact with the excitant,—crabs. His daughter, a young lady of 23 to 25 years of age, of the lymphatic temperament, was the victim of uncomplicated perceptional insanity, always occurring a few days before, and continuing throughout, her monthly period. Illusion of sight was the marked feature in her case, and was caused by her being the witness to a suicide.

Other cases having a close analogy to the foregoing have been presented to me; but as their histories have, to a great extent, faded from my memory, I will make no mention of them. Do these idiosyncrasies of the paternal and maternal side cause an hereditary disposition to perceptional insanities in the offspring? Is there anything in this hypothesis? It is well known that an idiosyncrasy will produce perceptional insanity. Thus, a lady patient while pregnant trembled at the sight of a Chinaman, who was engaged as a laundryman in her neighborhood. On this account she was compelled to move, and for some time after her removal she was possessed with the illusion that a bedpost was a Chinaman. Her idiosyncrasy was but of a temporary kind; but while it did exist, was strong enough to produce an uncomplicated perceptional insanity. Here, then, is a case to illustrate how an idiosyncrasy will produce an illusion or an hallucination in the subject of this constitutional peculiarity. This being the case, why should not the offspring of a subject possessed of an idiosyncrasy be predisposed to an uncomplicated perceptional insanity?

A case recently came under my notice where the offspring of an emotional monomaniac, with the fear of contamination, died of paralytic dementia. If, then, such a common and severe form of insanity may be set up in the offspring from such a harmless one existing in the parent, why should not an idiosyncrasy be productive of the condition which forms the subject of this paper? I do not claim that it is, but the subject is worthy of more notice than I know of having been given it. In fact, I have seen no literature on this subject to show that any connection does exist between the two. It might be said that the foregoing cases are mere coincidences. This may be; but they are very strong ones, and it seems to me to be rather an excuse for a better reason to explain them away through coincidences. Under treatment, these cases have recovered; so have others of a like kind not mentioned in this article.

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It has been decided that the next Congress of Food Analysts shall take place in Vienna, in 1894. A committee has been appointed to take steps for the preparation of "A Codex Alimentarius," in accordance with a resolution passed at the previous meeting of the Congress, in 1891.

NOTES ON SOME THERAPEUTIC REMEDIES.

By J. W. ECKFELDT, M.D.,
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TEUCRIUM.—Water-germander, wood-sage. Dose, xx to xxx grains. *Extractum Teucrii Fluidum*, Fluid Extract of Teucrium. Dose, f℥i–f℥ij. *Infusum Teucrii*, Infusion of Teucrium (℥ii–Oj). Dose, f℥i–f℥ij.

Pharmacology.—The leaves and flowering tops of *Teucrium scordium*, Linn. (Labiatæ). This plant grows abundantly along the wooded hills and fertile valleys of Central Europe, and is an attractive plant on account of its conspicuous terminal and axillary flowers. It has, likewise, been successfully introduced along the borders of some of our tide-water Atlantic States.

The plant is possessed of some degree of bitterness, and is decidedly astringent, being at the same time of an excitant and stimulating nature. The activity of teucrium depends upon an oleoresin, which is of a dark color and contains all the essential principles of the plant. There is also an essential oil, which is warm to the taste and somewhat pungent.

Physiological Action.—Astringent, stimulant, and corroborant.

Therapy.—For a long time this plant was held in much esteem by reason of its supposed remedial virtues, but, like many of the genera to which it is closely related, little dependence can now be placed upon it in general disorders, except as a general stimulant and carminative. It, however, possesses decided virtues in certain special maladies. As an antispasmodic in some nervous diseases, the value of this plant is clearly manifested. Conjoined with stimulating expectorants, it has been found quite useful in nervous coughs, and the paroxysm of pertussis is not unfrequently mitigated by the timely use of this remedy. In hysterical conditions dependent upon reflex action of the uterine nerves, the fluid extract has demonstrably effected good results. As an expectorant, a syrup is a valuable remedy, allaying cough and lessening profuse expectoration. In all low conditions of the system it has been used with much benefit. In amenorrhœa and protracted menstruation, the use of teucrium in many cases proves successful. In strumous diseases it has been used as an alterative and restorative. In some forms of rheumatism, especially of the subacute type, the drug is of much benefit. Its principal power, however, is in the treatment of enlargement of the prostate gland and hæmorrhoids. I have found this remedy very efficacious within a short period after administration, reducing the tension of the blood-vessels and the size of the hypertrophied gland. In the form of a suppository, the effect of the drug is more promptly produced, causing a subsidence of the frequent itching so troublesome in hæmorrhoids.

CAPSELLA.—Shepherd's purse. *Extractum Capsellæ Fluidum*, Fluid Extract of Capsella. Dose, ♏xxx–f℥j. *Tinctura Capsellæ*, Tincture of Capsella. Dose, ♏xxx–f℥ij. Both preparations are miscible with water without precipitation.

Pharmacology.—The whole plant of *Capsella bursa pastoris*, Moench (Cruciferæ). Capsella has a wide and general geographical distribution, extending over the greater portions of Europe, Asia, and America. It is one of our commonest plants, growing luxuriantly in cultivated lands during the months of April and May. The principal constituents of the herb are a dark extractive matter, and a pale, amber-colored, volatile oil obtained by distillation. The plant is bitter and astringent, with a strong, pungent taste, and the oil is allied very closely to the oil of mustard.

Physiological Action.—Bursa pastoris is an active renal stimulant and tonic, with marked diuretic tendencies and prompt hæmostatic action.

Therapy.—This drug may be efficaciously employed as a diuretic in various kidney complaints. It may be given with success, also, in scarlatinous nephritis. In chronic diarrhœa attended by profuse mucous discharges, and in hæmorrhage from the bowels, or in dysenteric attacks, it is of service. In forms of renal hæmorrhage very great relief is afforded by the timely use of this remedy.

In pulmonary affections accompanied by œdema of the mucous tract, as well as in hæmoptysis and in relaxed cough, capsella is of very great value. The happiest results are to be derived from this drug in the treatment of uterine hæmorrhages. In those conditions where there is a hypertrophied condition of the mucous membrane, in the bleeding from uterine polypi, either before or after removal, it may be given with success. In excessive

menstrual discharges this remedy seems to mitigate what may approach a hæmorrhagic condition. Shepherd's purse may conveniently be substituted for ergot in cases of labor. In bleeding piles good results are often obtained. Frequently repeated doses of capsella rapidly arrest epistaxis. As an expectorant in various coughs it is of utility. It can be highly recommended in the treatment of nervous cough. As a gargle in pharyngitis and as a wash in leucorrhœa this remedy has proven of much avail.

DROSERA.—Sundew. *Extractum Droseræ Fluidum*, Fluid Extract of Drosera. Dose, ♏v–xx. *Tinctura Droseræ*, Tincture of Drosera. Dose, ♏xv–f℥j.

Pharmacology.—The herb of *Drosera rotundifolia*, Linn., and other species (Droseraceæ). This plant abounds in marshy regions from the northern climates of this continent to the Gulf of Mexico. It is likewise found throughout many portions of the Eastern Hemisphere. Its chemical composition has never been thoroughly investigated, but it contains some extractive principles, which are bitter and slightly acrid, and yields all its properties to ether and alcohol.

Physiological Action.—Sundew is astringent, sedative, and tonic. It acts also as an expectorant.

Therapy.—Sundew has been of the greatest value in the treatment of various pulmonary affections. In the cough of the early stages of phthisis it is a promising remedy. Good results are frequently observed in non-plethoric individuals from its use in asthma and hay-cold. Drosera is of the greatest value in all forms of cough, but more particularly in pertussis, in which, under its influence, the spasms become less frequent and the cough is rendered less severe. This remedy evidently produces a sedative effect, chiefly upon the peripheral nerve-filaments, thereby lessening the excessive excitability. In the cough accompanying measles, the distress is lessened and the croupous tone ameliorated. I have found drosera an excellent addition to the other remedies employed in the early stage of bronchitis. It is likewise capable of relieving the cough dependent upon cardiac affections. In diseases of the stomach, more particularly those of a catarrhal character, drosera frequently proves of much value. During the recovery of gastric ulcer this drug acts as a prompt and useful agent, adding tone to the muscular walls of the stomach. In atonic dyspepsia and general feebleness of the digestive powers, drosera may be considered a good adjuvant to other drugs.

GALIUM.—Cleavers, Bed-straw. *Extractum Galii Fluidum*, Fluid Extract of Galium. Dose, f℥i–f℥ij.

Pharmacology.—The whole plant of *Galium aparine* (Rubiaceæ). This is a very common domestic plant, found throughout the greater part of North America. Little attention has been given to it in general therapeutics, though it has been used quite extensively in domestic practice. The plant yields all its properties to water and alcohol, but possesses no special principles of any importance. The taste is bland and unirritating and quite devoid of bitterness or astringency. Its properties are those of an aperient, diuretic, and alterative.

Therapy.—The plant can be recommended in all renal affections, where its diuretic value can be clearly demonstrated. In the treatment of dropsy it possesses the power of causing a free flow of limpid urine, carrying with it, as in other conditions, the morbid constituents of that fluid. Galium exerts some degree of usefulness in the treatment of incontinence of urine. In jaundice, with marked icterous coloration of the skin, it seems to have some special action upon the secretion and function of the liver. Benefit is to be derived in infantile jaundice—icterus neonatorum—by frequent doses of a simple infusion. In the various strumous conditions dependent on constitutional lesions with torpid liver, and inactive renal secretions with phosphatic reaction, galium has given encouraging results.

XANTHIUM.—Clatburr. *Extractum Xanthii Fluidum*, Fluid Extract of Xanthium. Dose, f℥i–f℥ij.

Pharmacology.—The whole plant of *Xanthium strumarium* (Compositæ). This plant has a very wide and general distribution, inhabiting both continents, and occurring in cultivated grounds, where it grows very luxuriantly. The herb does not possess any special constituents, but has positive therapeutic virtues. It has proven itself a very decided alterative and hæmostatic.

Therapy.—In the treatment of all hæmorrhages of a remote nature it speedily reaches the seat of the disease through the medium of

the venous circulation. Xanthium promptly checks uterine hæmorrhage from various causes. In post-partum bleeding, as well as the troublesome hæmorrhage so frequently found to occur during the menopause of plethoric women, it is of service. Xanthium may be regarded a prompt and reliable remedy in the bleeding of piles and in dysentery. On account of its alterative action, it has been used with considerable success in all strumous conditions of the system, and especially where there is a general tendency to the enlargement of the lymphatic glands unlooked-for results are distinctively gained. It may be employed as a topical application, in order to check hæmorrhage from accessible surfaces. In the treatment of cutaneous diseases of a squamous form the continued use of this drug has brought about a healthy condition of the vascular surface.

POLYTRICHIUM.—Haircap-moss. *Extractum Polytrichii Fluidum*, Fluid Extract of Polytrichium. Dose, f ʒi–f ʒij.

Pharmacology.—Polytrichium juniperinum (Musci) is an abundant plant of the moss tribe found growing in large mats throughout all portions of North America, in marshy districts. The plant is alterative and powerfully diuretic, and possesses very marked stimulating properties. The taste, at first, is somewhat pungent, but not acrid, with some nauseating action, leaving a not unpleasant taste in the mouth.

Therapy.—Polytrichium is principally of service as a prompt and decided diuretic. To gain its speedy physiological action it is best associated with some synergistic renal stimulant or a hydragogue cathartic. The results of this method are beneficially exhibited in ascites or in anasarca. To me an extended use of polytrichium has clearly demonstrated that it largely increases the urinary secretion and reduces the weight of the body within a few days. The drug, therefore, well merits more attention than it has yet received, and its properties should be more thoroughly investigated.

TONGA.

Pharmacology.—Tonga is derived from the bark and roots of *Premna taitensis* and *Raphedophora vitiensis*.

Therapy.—This is a most valuable remedy in all forms of neuralgia, myalgia, and rheumatism, frequently lessening the severity of the acute symptoms after it has been administered in considerable doses.

CERTAIN DIAGNOSTIC VALUES IN NERVOUS DISEASES—MEANING, CLASSIFICATION, AND ANALYSIS.

BY HENRY V. GRAY, M.D.,

ROANOKE, VA.

WE have, in this class of diseases, too many symptoms to analyze and adjust before we are in a situation to render an intelligent diagnosis. Our masters have told us that certain symptoms are pathognomonic, and therefore are of pivotal importance. Writers often fail to present these symptoms with sufficient lucidity to our minds, and, hence, we make blunders because we have not been properly instructed. Their descriptions are often too strictly scientific to be generally useful.

Dr. Beale, in his little brochure upon "Slight Ailments," does not despise small things. He puts down a disease and remedy in its technical language, and then in brackets tells us their common names; thus, gastralgia means [pain in the stomach]; oleum ricini, [castor-oil].

I am not ashamed to follow such a master, because he tells me, in a few simple words, so many things I did not know.

In calling back the spirit of our boyhood days, we often see the germ which devolops in after-years in the full growth. We looked upon everything then as children, little thinking of the future.

Who cannot recall with satisfaction the "frogs" we used to make out of the biceps muscles of our arms, or the "stars," thousands in number, shooting from the innocent tap upon the back of the neck.

They could be easily demonstrated, and all boys had to be initiated into the peculiar mysteries belonging to these boyish pranks. The "frogs" were the creation of spasms of the biceps muscles, caused by a blow with the open hand. The "stars" were produced by spasms of the ligamentum nuchæ and the muscles at the back of the neck.

We were regarded as men according to our capacity to go through the "frog" and "star" ordeal. The sensations and effects were slight and very amusing in most cases, but some would not fare so well; they would experience great pain, faintness, nausea, pallor, and vomiting. The sufferer would beg us to "rub off the frog," which would relax the biceps mus-

cle, or the one with "stars" would be reclining an object of pity and solicitude.

The writer recalls these practices with horror. They are dangerous, and should be discouraged by parent, teacher, and physician. They may be the beginning of an ill health which never ceases but in death.

They were the reflexes of childhood which gave us so much amusement. This introduces to us the reflexes proper.

Before entering upon them a definition would naturally be in order.

A reflex is a response of any part, area, or organ possessed of irritability and contractile power, to any stimulant or irritant contact or manipulation. Its acting and reacting capacity is an exhibit of its power to act which may be as follows: Normal, exaggerated, or absent.

You have been told about the way we utilized the reflexes in our boyhood days by making "frogs" and "stars" out of them. They possess another and very significant value, so it is said, in diseases of the nervous system now, which we must carefully consider in our diagnostic reflections if we would keep abreast of the profession.

The first time they were forcibly brought to my mind was in the summer of 1864, during our "late unpleasantness." General orders had been issued that all soldiers capable of bearing arms should be brought to camp for examination.

One face familiar to the surgical staff (the writer was of that number) presented himself for re-examination. This was a case of ankylosis of right elbow-joint, — a very serious obstacle to military efficiency.

One bright summer day a number of soldiers were lying around the grounds of the camp hospital, as was their custom, under the shade of some large oak-trees. Most of them were without drawers, and had on only short-tail shirts, very comfortable for a nap or snooze. One of the soldiers had his scrotum exposed, and was lying on his sound arm. A surgeon passing observed him, and, having a joking side to his character, determined to carry it into execution. Slipping up with a straw he tickled the scrotum of this soldier, which responded promptly with its full reflex ability, and suddenly the "ankylosed joint" was relaxed as he attempted to strike a blow at whoever had disturbed his sleep and his scrotal privacy. The surgeon could not restrain himself; the joke was too good. He had made a discovery, and, bursting into a boisterous and jolly laugh, the sleeper was awakened. The "old reb" did not fail to take in the situation. He knew he was caught, but secured a promise that he would not be reported, was soon on his way to camp, and a better soldier the South never had. He is now living, but does not relish the joke. We were taught a valuable lesson, and when a soldier presented himself with any deformities of limb, he was put upon the table and chloroform administered. This soon told the tale, and reclaimed hundreds of soldiers.

Naturally, reflexes are the first diagnostic point for discussion.

The "frog" and "star" should belong to the class of tendon reflexes,—more euphoniously expressed as "biceps" and "nuchal" reflexes.

The skin reflexes originate in the skin over soles of feet, buttock, inner aspect of thigh, abdomen, and stomach; respectively known as plantar, gluteal, cremaster, abdominal, and epigastric reflexes. These reflexes are influenced by spinal nerves, or through the sympathetic system of nerves, as a collateral nerve-current. The spinal-cord point of these reflexes can generally be judged as opposite to the seat of reflex action. From feet to hips, from hips to shoulders, from shoulders to axis vertebra, we can fairly state that the spinal nerves in these different regions are affected. There are thirty-two spinal nerves,—seven cervical, twelve dorsal, five lumbar, and six to eight sacral and coccygeal. The spinal nerves influencing the different reflexes are brought into play; also, the sympathetic and cephalic.

We can safely say that in nearly all reflexes the cephalic and sympathetic ganglia represent an influence.

Out of the various skin reflexes there are some skin areas which have not received a proper diagnostic valuation, particularly when their convenient and accessible location is considered. I mean the dorsum of hand, and shall call it dorso-metacarpal reflex. If one gently pinches with the thumb and forefinger the skin on dorsum of hand, at same time lifting and stretching and quickly dropping it, he will acquire an idea of the elasticity and tonicity of the integument, or, on the contrary, of its harshness and inelasticity. We have, most of us, doubtless seen the

"rubber man" in the show. He could so pull, manipulate, and stretch his skin as to pull it over his head.

This was either a disease or a vicious habit for profit, discreditable to be sure, but not so disgusting as the child exhibited by its parents with a "transparent head," when it was suffering from hydrocephalus. If we go a little deeper we will find another set of reflexes, viz.: Tendon reflexes, the "knee jerk" or "patellar reflex," the "ankle and foot clonus" (irregular spasm),—an irregular reflex.

Put your knees or legs one over the other tightly and tap forcibly just below the knee of the upper leg, and the foot will spring out. This is the patellar reflex. If the foot is firmly flexed upon the ankle, and the tendo Achillis put upon the stretch, a quick tap upon the tendon gives rise to an irregular, jerking clonus, or reflex in the foot, which slowly assumes a natural position if there is any disease. Otherwise, it will give you the reflex of health.

Other reflexes may be tried, but this amounts only to multiplying sign-values which must be corroborated and associated with other more valuable symptoms in order to obtain respect. We all know that when the system is broken down in many wasting diseases we may observe such symptoms in consequence of malnutrition and secondary spinal and cerebral influences. Hence the need of much scrutiny.

When we find a spasmodic or spastic condition of the system or parts as confederates of reflexes, then we have cause to be very suspicious of organic troubles, particularly among male subjects. One cause of the horrible chicken-claw tendons is yielding of aponeurotic bands.

The tendons, to act with strength and vigor, have bands or rings, aponeurotic (annular) ligaments, to bind them down. When these ligaments or bands become weakened or atrophied, we have an exaggerated degree of contraction, or even contractured (shortened and contracted) tissue, presenting unsightly deformities. We know this is particularly the case with the annular ligaments of ankle- and wrist-joints.

Laboring men often wear leather bands around their wrists, and will tell the questioner that the bands hold down the "leaders" and add to their strength.

What a fine lesson to learn from uneducated, yet shrewd minds! These leather bands support the aponeurotic or annular ligaments, or bands, furnishing a base of healthy, normal reflex conduct.

The "cushion," spoken of as so characteristic of progressive locomotor ataxia, is undoubtedly a reflex which can technically be called metatarso-phalangeal reflex.

I believe it can be accounted for very easily.

The "cushion under feet" is at junction of metatarsal and phalangeal joints. There is a tonic (permanent) or clonic (irregular) spasm of tendons of first phalanges, which flexes them or tilts them upward and throws forward, and exposes a greater surface of the end of the metatarsal bones. The last phalanges are slightly flexed or crooked the other way,—a bridling up too tightly. Each step one takes causes the metatarsal ends to form the "cushion."

There is still another,—the calcano-plantar reflex (heel).

In this case there is a spasm of the flexors of the ankle, suddenly throwing the heel forward in walking, and then a sudden relaxation, throwing plantar surface of foot flat upon the walk, thus presenting a flap-tap, "flail"-like movement in locomotion.

In both cases (the "cushion and heel reflexes") we must seek some pathological change in posterior and lateral columns of cord, also in the sympathetic and co-ordinating motor centres of encephalon.

We must have due respect, in forming an opinion, whether this difficulty in locomotion is not due to some diathesis other than that of the nervous system, and that the nervous system has a secondary involvement, viz., gout, rheumatism, syphilis, malaria, etc., etc., and treat these as constitutional troubles which must be corrected. One very peculiar circumstance is noticeable. When syphilis is the basis there is a better chance of curing your patient of his nerve injury. You cannot cure the syphilitic poison or eliminate it entirely yet; as I said before, grave diseases of the nervous system due to syphilis are more easily cured or greatly modified than when dependent upon any other cause. This singular curative agency, one over another, has been demonstrated as nearly a truism.

I have a number of other valuable points to consider, but, fearing I have already tired the reader, I will bring this contribution to a close, dealing with only one more group of symp-

toms. I do this more to show my own want of research in not knowing, until later years, that there was such a group, yet hope to pick up some stray picket who, whilst sleeping upon his post, let a medical dot pass him.

I refer to a group of symptoms known as Hughlings Jackson's Epilepsy.

Epilepsy means "I seize upon," and is situated in the nervous system. Dr. Jackson calls his form "mental automatism," meaning self-moving. A bad name is this. It would be better to designate it (as above) Jackson's Epilepsy.

I think all will agree that the group of symptoms is very peculiar, and, if of definite value, should be looked farther into, both in a medical and medico-legal sense.

Symptoms: Strange, peculiar acts of immodesty, indecency, and lewdness before and in the presence of any one (male or female), and regardless of time, place, or conditions. It simulates, at times, insanity, and may lead to acts of violence. Kleptomania has more than a reasonable share. Sometimes there may be a semi-comatose and convulsive aspect. It does not appear to belong to grand mal (typical or grand infirmity) or petit mal (meaning smaller or less infirmity), which terms are used in the description of regular epilepsy.

I must acknowledge I have never seen (or, if so, did not recognize) this special group of symptoms in any case, but have frequently met with several at one time. It would be well for both our medical and legal professions to give it a more extended notice.

ABSTRACTS.

A SUPERNUMERARY OVARY AND TUBE.

A case of this kind is reported by Dr. Edmund Falk from the private clinic of Dr. Landau, of Berlin. It concerned a 37-year-old nullipara in whom an easily movable ovarian tumor, the size of a goose-egg, had been diagnosticated. Laparotomy was undertaken for its removal, and it was found that the tumor was in no relation with the genitalia, but lay free in the abdominal cavity, adherent only to the omentum. Macroscopic examination sufficed to assure one that the formation was a cystic dilatation of the central extremity of a tube, the free end of which was properly formed. The cyst reposed in front, upon a compressed mass of spongy tissue, which, upon microscopic examination, was recognized as the remnant of an ovary which had degenerated from pressure. A veritable supernumerary ovary and tube seem hitherto to have been met with only by Keppler, although supernumerary ovaries alone have not infrequently been observed. These seem however, only to have been instances in which a portion of a normal ovary has been detached, so that it might be looked upon as a substitute or accessory organ, and which seems to have been separated in fœtal life from the proper ovary by the influence of a peritonitis. But in the present case a disturbance of development must have begun in the earliest period, for thus only can we account for a simultaneous enlargement of the tube.—*Deutsche Med. Zeitung.*

THE ELIMINATION OF IRON.

Dr. R. Gottlieb, of Heidelberg, has made a quantitative investigation of the proportion of iron in the contents of the intestine after intra-venous and subcutaneous injection of tartrate of iron and sodium. His experiments were performed upon dogs. After intra-venous injection, a variable but almost always very considerable quantity (even as high as 70 per cent.) of the metal appeared in the bowel. After the protracted presence of iron in the circulation, the larger portion of it (20 to 65 per cent.) is found in the liver. While in animals fed with plenty of meat there was found, upon an average, 0.035 per cent.; in those who had hungered for eighteen days, 0.17 per cent.; after injection of iron, 0.22 to 0.43 per cent. was present. The author believes that after iron has entered the circulation it is deposited in the liver, and from that organ is gradually given up to the blood, but that the intestinal epithelium possesses the property of absorbing the iron thus delivered to the blood and excreting it with the intestinal contents.—*Deutsche Med. Zeitung.*

AN INFANT WITH TWO NOSES AND TWO MOUTHS.

At a recent meeting of the Medical Society of the University of Kazan, Professor Ivan Lvoff exhibited the cadaver of a male infant which presented curious anatomical anomolies. The child had two noses, which were united in the median line, but two vomers were present. Below the nares was a transverse fissure, and immediately under this a very prominent

chin, apparently formed by the union of the two inferior maxillæ. Upon each side of the chin, corresponding in appearance to the normal angles of the mouth, was a triangular mouth provided with well-developed lips. Each buccal cavity possessed a tongue. Examination of the pharynx showed that these organs had a common origin. The child weighed 9 pounds when born at full term, and in every other respect was normally developed. Its voice was very similar to the grunt of a pig. It was artificially nourished, but with great difficulty, for it could swallow milk only when the fluid was placed directly in the pharynx. It died from gradual wasting, having lost four pounds.

The mother was a finely-developed woman, aged 36 years, who had previously borne eight well-formed children. The last (ninth) pregnancy had followed a normal course. Delivery had been assisted by the forceps on account of uterine inertia. The amniotic fluid was very abundant.—*Revue de Laryngologie*, etc.

ELEVATED HERPETIC EROSIONS OF THE GENITALIA.

At a meeting, March 20th, of the French Society of Dermatology and Syphilography, M. Bataille described lesions of this nature which closely simulated mucous patches.

M. Fournier dwelt upon the medico-legal importance of this fact. False mucous patches are of several kinds, and are not extremely rare. They occur in two stages, the one constituted by vesicles and the other by elevations very similar to those of erosive syphilis. The differential diagnosis may be rendered additionally difficult, because there may be enlargement of the inguinal glands, which is much more common in herpes than is generally supposed.—*Le Progrès Médical.*

TRICHOPHYTOSIS OF THE SOLE OF THE FOOT.

At the same meeting of the French Society of Dermatology and Syphilography, M. Djelel Mouktar, of Constantinople, exhibited a patient who was the subject of trichophytosis of the sole. The lesion resembled a plantar syphilide. It begins in the form of small vesicles, which rupture and become covered with a dry scale. In this patient, as in others previously shown by M. Djelel Mouktar, the fungus was detected at the periphery of the lesions. —*Le Progrès Médical.*

AN UNUSUAL CASE OF RECURRENT ERYTHEMA NODOSUM, COMPLICATED WITH GLAUCOMA.

Dr. Titomanlio reports, in the Giornale Internazionale delle Scienze Médiche, an interesting study of an unusual case which came under his care. The patient was a woman, 57 years of age, well developed and well nourished. She had had several attacks of hepatic colic, on one occasion had suffered from painful swelling of the joints and, again, from a fever, which lasted about a week and was accompanied by swellings or nodosities upon the skin, which, according to the patient's statement, were similar to those observed by the reporter. From November, 1889, when she was first seen by the writer, until June, 1891, she suffered from eleven successive attacks of erythema nodosum. Some were accompanied by elevation of temperature; in others fever was absent. There were pains in the joints and sometimes hepatic colic. The nodosities occasionally terminated in suppuration. During the first paroxysm an acute glaucoma of the left eye developed and was relieved by an iridectomy. In the sixth attack the right eye was affected in the same manner, but less severely. An iridectomy was again followed by equally satisfactory results.

The respiratory and circulatory apparatus and the nervous system were not affected. There was no enlargement of spleen or liver. The urine, examined at different periods, exhibited little change, except a trace of albumen and a slight increase of urates.

The association of acute glaucoma is a unique feature of the case. From its abrupt appearance, in company with or following the cutaneous nodes, the author looks upon the ocular lesion as a special localization of the morbific agent; or, in other words, as an ocular node, differing from those of the skin only by reason of the diverse structures and functions of the organ involved. This opinion finds support not only in the etiological relationship, but also in the anatomo-pathological development and in the doctrines generally held concerning the pathogeny of this serious disease of the eye. Erythema nodosum and acute glaucoma possess not a few points of resemblance, viz., the severe local pains, swelling and great increase of tension, the

abrupt commencement, the acute and paroxysmal course, the tendency to relapse and resolution, save that in glaucoma the resistance of the sclerotic and the delicate structure of the retina may lead mechanically to atrophy of the papilla.

SOME NEW SALTS OF CALCIUM IN THERAPEUTICS, AND ESPECIALLY IN DISEASES OF THE STOMACH.

This was the subject of some remarks made by M. G. Sée at a meeting of the Academy of Medicine, March 8, 1892. The best method of introducing lime into the economy consists in the administration of salts of calcium, the bromide, and especially the chloride. The usual preparations of lime are not readily absorbed, and are, consequently, very uncertain in their action. The iodide and the bromide of calcium are very well adapted to convey iodine and bromine into the system, because the proportion of iodine and bromine which they contain is larger than that possessed by other combinations. The calcium salts, on the other hand, are free from the inconveniences which attach to those of potassium and sodium. The iodide of calcium is better supported than the iodide of potassium, while the bromide and the chloride of calcium are remarkably efficacious in many cases of dyspepsia.

M. Dujardin-Beaumetz said that, according to the works of several authors, we should not rely upon the pharmaceutical preparations in order to introduce lime into the organism of those in whom it is lacking, but should avail ourselves of phosphated substances readily assimilated, such as bran-bread, beans, and lentils. The pharmaceutical phosphates are eliminated almost completely in the urine and fæces. The phosphates, lacto-phosphates, and chlorhydro-phosphates have a favorable influence on account of their action upon the glands of the digestive canal, and not by reason of the lime which they carry into the economy.

M. Sée replied that the absorption of the calcium salts was demonstrated by the fact that they were detected in the urine, while the general salts of lime were found altogether in the fæces, showing that they had not been assimilated.

M. Laborde: The bromide and iodide of calcium are extremely unstable, and are decomposed from one day to another under the influence of oxygen, light, etc. We must, therefore, be very cautious in regard to their clinical employment.

M. Sée: The iodide of calcium has determined, in all my patients, the same physiological phenomena as the iodide of potassium. It produces the effects of a stable and definite compound.—*Le Progrès Médical.*

THE CONTAGION OF ACUTE TONSILLITIS.

Dr. Richardière remarks that acute tonsillitis is to-day properly considered as a disease infectious from the beginning and of bacterial origin. In certain cases its infectious nature is attested by the occurrence of visceral complications, such as purulent pleurisy, distant inflammatory foci, albuminuria, etc. The pus of tonsillar abscesses contains staphylococci and streptococci. In superficial acute tonsillitis the intensity of the fever, the duration of the convalescence, etc., speak in favor of infection. The writer has observed in his service a little epidemic of acute angina. When for some time there had been no case of throat trouble in the ward, the admittance of a patient suffering from tonsillitis was followed, within eight days, by the development of four cases of the disease, presenting almost the same symptoms and course. It is difficult not to believe in a relation of cause and effect, and not to admit that this malady, under certain conditions still but little understood, may be contagious. It is not claimed that this is the only mode of propagation. The contagion appears to be conveyed by the atmosphere. The stage of inoculation is short. The youth of the patient, the occurrence of previous attacks, and the conformation of the tonsils are predisposing causes.—*Revue de Laryngologie, etc.*

BENZOATE OF BISMUTH.

At a meeting of The Therapeutical Society, March 8th, M. P. Vigier exhibited a specimen of the benzoate of bismuth, a new salt which may be used in place of the salicylate or subnitrate of bismuth. It is made by the reaction between solutions of benzoate of sodium and nitrate of bismuth. The benzoate of bismuth is precipitated and received upon a filter. The compound contains 27 per cent. of benzoic acid. It may be used as an intestinal antiseptic.

M. Dujardin-Beaumetz: The substitution of

benzoic for salicylic acid will be of advantage in respect to its elimination by the kidneys.—*Le Progrès Médical.*

EFFECTS OF ATROPINE UPON THE MONKEY.

At a meeting of the Biological Society M. Richet stated that atropine, so poisonous to man, is harmless in animals. In endeavoring to learn whether this immunity extended to the monkey, he had administered considerable quantities,—40 to 60 centigrammes (6 to 9 grains). These large amounts gave rise to slight disorders, but never occasioned death. —*La Tribune Médicale.*

DECOMPOSITION OF SALOL IN THE ORGANISM.

At a meeting of the Biological Society M. Gley remarked that Nencki had attributed the decomposition of salol into salicylic and carbolic acids to the influence of the pancreatic juice. The speaker, however, had found that the same change took place in dogs deprived of the pancreas.—*La Tribune Médicale.*

ETIOLOGY OF TYPHOID FEVER IN THE COUNTRY.

M. Lardier, of Rambervilliers, has published some very accurate observations relative to the transmission of typhoid fever by means of water impregnated with dejections. He has observed a number of interesting cases which demonstrate that the bacilli or their spores are able to preserve their vitality for a long time,—six or eight years, for example In several of the cases cited the infected water drained into a sort of reservoir, in which the bacilli probably fell to the bottom: and it was only six or seven years later, when the pond was cleared out and the germs brought back to the surface, that the disease re-appeared. A very striking illustration of the fact is given. The canal belonging to a factory near Rambervilliers was cleaned out every four or five years. Each of these occasions was followed by a small epidemic of typhoid fever among the inhabitants who habitually drank of the water. As long as the deposits were not disturbed the upper layers remained harmless; but as soon as the germs which had fallen to the bottom were, in the process of draining, brought to the surface, their absorption produced an outbreak of the malady. Mr. Lardier caused this cleaning out to be omitted, and the disease has not made its appearance for more than eight years. This explanation is very much more probable than that which would attribute the epidemic to marshy exhalations from the bed of the canal, which remained dry for some days,—a circumstance which occurs every day without ill consequences.—*La Médecine Moderne.*

LACTATE OF ZINC IN AMBLYOPIA.

At a meeting of the Academy of Medicine M. Bogs presented a patient who had become rapidly blind. Within six weeks there was complete loss of vision in the left eye, and fifteen days later complete hemianopsia of the right side. The diagnosis was made of a tumor in front of the optic chiasm, and, as there was a history of syphilis, a vigorous specific treatment was instituted. The result was negative, and finally it occurred to the speaker to make use of the lactate of zinc, on account of certain hysterical stigmata which the patient presented. Success was prompt, as happened in another case—the second upon record—observed by v. Graefe.—*La Tribune Médicale.*

OVARO SALPINGITIS COMPLICATING MEASLES.

At a meeting of the Medical Society of the Hospitals M. Galliard spoke of the case of a young woman, a virgin, 21 years of age, who, on the twelfth day of a severe attack of measles, accompanied with menorrhagia, was seized with a generalized peritonitis, to which she succumbed on the twenty-fifth day. At the autopsy there was found a purulent peritonitis with streptococci, due to rupture of a suppurating ovary of the right side. The left ovary and the uterus were healthy.

M. Galliard said that the question might be raised whether the accident was a complication of measles or a secondary infection. He inclined to think that the latter was the case.

M. Chantemesse observed that ovaro-salpingitis sometimes occurred consecutive to typhoid fever due to a secondary infection.—*La Tribune Médicale.*

FEVER OF A RELAPSING TYPE ACCOMPANYING ABDOMINAL NEOPLASMS.

At a meeting of the Royal Imperial Society of Vienna, M. Kobler said that cases of the kind are so rare that he felt himself obliged to relate the following: A woman, 34 years of age, had been treated during the course of the year 1888 for an affection

of the nose, complicated with thrombosis of the lower extremities. Three weeks before the date of the report she presented herself to the speaker, suffering from jaundice and severe gastro-intestinal manifestations. The abdomen was swollen and the liver enlarged. There was no ascites. The red blood-corpuscles were diminished in number by almost one-half. There was no excess of white corpuscles. No abnormal substances were found in the urine except bile products. In the beginning the stools were bloody,—a fact which led to the suspicion of an ulcer of the duodenum. On the 1st, 8th, and 13th of February the temperature rose, after a chill, above 40° C. (104° F.) and then returned to the normal. Twice during this period peptone was detected in the urine. The patient died on the 17th of February. At the autopsy there was found a cancer of the head of the pancreas which pressed upon the choledoch duct, metastases in the liver and stomach, commencing peritonitis and pleurisy. Hampel and Kast, of Hamburg, and Pyring, of Leipzig, have previously described the occurrence, in cancer of the stomach, of a type of fever of recurrent form in the absence of suppuration. The speaker believed that his case belonged to the same category, and admits that malignant abdominal disease may be accompanied by a fever of relapsing type. The beginning peritonitis, no doubt, confused the picture a little, but seems to have no influence upon the fever, which appeared between the 1st and 13th of February. M. Dittel remarked that he had observed analogous febrile paroxysms in a case of carcinoma of the bladder, in which no other cause for the elevated temperature could be found than the presence of the neoplasm.—*La Médecine Moderne.*

TOXIC ACTION OF THE BLOOD OF MAMMALS AFTER DESTRUCTION OF THE SUPRA-RENAL CAPSULES.

At a meeting of the Biological Society, MM. Abclous and Langlois said: "The destruction of a single capsule does not kill the guinea-pig. When both are removed the animal dies, as was shown by Brown-Séquard in 1856, within a few hours,—eight or nine, for example. Toward the end of life decided paraplegia is present, similar to that droduced by curare. If the blood of a dying animal is diluted with a saline solution and thrown under the skin of a healthy frog, complete motor paralysis occurs in three hours,—due to rapid loss of nervous excitability. Muscular excitability persists. The supra-renal capsules would seem to destroy or modify a curarizing substance produced in the blood."—*Le Progrès Médical.*

PLEURISY EXCITED BY THE TYPHOID-FEVER BACILLUS.

At a meeting of the Academy of Medicine, M. Kelsch reported the case of a young man, 22 years of age, admitted to the Val-de-Grace for a left primitive pleurisy. Puncture gave exit to a fluid in which Eberth's bacillus was the only micro-organism present. Empyema ensued and the patient died of hectic fever. At the autopsy, in addition to the pleurisy, the lungs were found full of miliary granulations; the ganglia at the root of the lung were tuberculous; there was a diffuse tuberculous peritonitis, intestinal ulcerations, and enlargement of the spleen. MM. Rendu, Fernet, Charrin, and Roger have also witnessed cases of pleurisy in which the bacillus typhosus was found. Notwithstanding the existence of tuberculosis, it is certain that the pleurisy was excited by the typhoid-fever bacillus. This case seems to confirm the theory of the occurrence of a typhoid pleurisy due to the bacillus of Eberth, the disease remaining confined to the pleura.—*Le Progrès Médical.*

METHYLENE BLUE IN INTERMITTENT FEVER.

According to the experience of Professor Mya in nine cases, this substance has a special action in some cases of malaria, while in others it has but a slight and transient effect, far inferior to that of sulphate of quinine. Professor Mya concludes that methylène blue is an inconstant and uncertain remedy in malaria. It causes the plasmodiæ of Laveran to disappear but slowly, diminishes the urinary secretion, and produces considerable pain at the time of injection.—*La Médecine Moderne.*

THE TREATMENT OF HEPATIC COLIC BY GLYCERIN.

M. Ferrand announced the following conclusions: 1. Glycerin administered by the stomach is naturally absorbed by the lymphatic vessels, notably by those passing between the stomach and the hilum of the liver and the gall-bladder; it is found, also, in the

blood of the hepatic veins. 2. It is a powerful cholagogue and an admirable remedy in hepatic colic. 3. A comparatively large dose (20–30 grammes) determines an end of the crisis. 4. In small doses (5–15 grammes) glycerin, taken every day in a little alkaline water, prevents fresh attacks. 5. Glycerin, without being a lithontriptic, is, nevertheless, the remedy *par excellence* for biliary lithiasis. —*Le Progrès Médical.*

HALLUCINATIONS ACCOMPANYING HERPES ZOSTER OF THE FACE.

At a session of the Biological Society M. Féré reported the case of a man, 40 years of age, suffering from herpes zoster of the face. The patient was afflicted at the same time with a very abundant salivation, homonymous unilateral hallucinations of vision, whistling, buzzing, and articulate sounds in the left ear. These symptoms continued for three days. M. Féré has previously (in 1890) announced that facial zona may be complicated with hallucinations.—*La Tribune Médicale.*

BENZONAPHTHOL.

At a meeting of the Medical Society of the Hospitals M. Gilbert alluded to his experience with benzonaphthol. This body undergoes no change in the stomach, but in the intestine is decomposed into naphthol and benzoic acid. It is an intestinal antiseptic, but is without effect upon the stomach. Benzonaphthol is useful in simple and tuberculous enteritis.—*La Tribune Médicale.*

PILOCARPINE IN EPILEPSY.

M. Féré, referring to the fact that the salts of pilocarpine had been advised in the treatment of epilepsy, states that they produce in epileptics a severe chill, followed by a seizure. He has observed that, in patients stupefied by a bromide, a series of attacks follows the injection of hydrochlorate of pilocarpine. This salt is, therefore, not adapted for use in epilepsy.—*La Tribune Médicale.*

THE Imperial Institute of Experimental Medicine at St. Petersburg is about to publish a journal of its own. The new periodical is to be published in two languages, — Russian and French.

THERAPEUTIC NOTES.

CATARRHAL LARYNGITIS AND HYPERÆSTHESIA OF THE LARYNX.

MM. Coupard and Sainte-Hilaire recommend—

℞ Antipyrin, ... ℥iss.
Aquæ, ... fʒviij.
M. ft. sol.

Sig.: Spray upon the seat of disease, five minutes at a time, thrice a day.—*Revue de Laryngologie*, etc.

TREATMENT OF CHOREA IN FRANCE.

According to M. Junin, common chorea is best treated by means of antipyrin and arsenic. In rheumatismal chorea he advises antipyrin at first, followed by salicylate of sodium and sulphur baths. In hysterical cases he gives bromides. When of cardiac origin the iodide of potassium and of calcium is recommended. In an article by Marcel Baudouin, entitled "The Treatment of Chorea in the Hospitals of Paris," the following summary is given :—

M. Germain Sée advises antipyrin and arsenic, sulphur baths, iodide of potassium and of calcium.

M. Gilbert-Ballet prefers Fowler's solution, gymnastics in moderation, and a little bromide.

M. Déjerine prescribes only saline baths and a rigorous hygiene.

M. Joffroy depends upon chloral.

M. Raymond also employs chloral, but conjoins antipyrin.

M. Albert Robin administers antipyrin combined with arseniate of sodium. The practice of M. Sevestre is about the same.

M. Legroux relies entirely upon antipyrin.

M. Ollivier orders massage, hydrotherapy, iron, and arsenic.

M. D'Heilly advises hygiene, tonics, iron, and sulphur baths.

M. Comby recommends at first isolation of the patient, followed by bromide of potassium, and, finally, antipyrin and chloral.

M. Jules Simon recommends at first revulsion to the back, and preparations of aconite. Afterward he gives antipyrin. As the affection declines he orders rhythmical gymnastics.—*La Tribune Médicale.*

CATARRHAL JAUNDICE.

Dr. N. S. Davis, of Chicago, prescribes with success :—

℞ Hydrarg. cor. chlor, . gr. $\frac{1}{10}$ per dose.
Potassii chloridi, . . gr. ij per dose.
Tr. cinchonæ, . . ℥v.
Tr. hyoscyami, . . ℥iij.
Drachm four times a day.

Recovery soon followed.

DYSENTERY.

℞ Naphthalin., . . . gr. x.
Aq. bullient., . . . f℥iv.
Decoct. malvæ, . . . Oj.
Inject by the rectum at a temperature of 100°.
—DR. ROSSBACH, in *L'Union Médicale.*

COCCYDYNIA.

Whitla recommends the following suppository employed at bed-time:—

℞ Ext. belladonnæ, . . gr. ¼.
Ext. hyoscyami,
Iodoformi, . . . āā gr. ¾.
Ol. theobromæ, . . . gr. xx.
—*Med. News.*

TROUSSEAU'S DIURETIC WINE.

The following is the formula of this useful remedy:—

℞ White wine, . . . Oviij.
Alcohol, ... Oj.
Juniper-berries, . . . ℥xij.
Acetate of potassium, . ℥viij.
Digitalis, ... ℥ij.
Squills, ... ℥j.
M. Sig.: A dessertspoonful of this contains the proper dose of each of the constituents, and is a very effective diuretic.

As much as 6 drachms of this wine may be given in twenty-four hours.—*Weekly Med. Review.*

BALDNESS.

Whitla advises the following:—

℞ Pilocarpin. hydrchl., . . gr. v.
Otto rosæ, ... ♏viij.
Ol. rosmar., . . . ℥iv.
Lin. canthar., . . . ℥iv.
Glycerin. pur., . . . ℥viij.
Ol. amygdal. dulc., . . ℥xvj.
Spts. camphor., . . . ℥xxiv.
M. Sig.: Rub well into the scalp night and morning.—*Med. News.*

SCARLATINAL NEPHRITIS.

Dr. J. Lewis Smith prescribes:—

℞ Potassii acetatis,
Potassii bicarbonatis,
Potassii citratis, . . āā ℥ij.
Infus. tritici repentis, . . ℥viij.
M. Sig.: Give one teaspoonful every three or four hours to a child of 5 years.

BROMOMIDE occurs in the form of nearly odorless, tasteless, colorless, needle-shaped crystals. It is insoluble in water, hot or cold; slightly soluble in cold alcohol; perfectly soluble in sixteen parts hot alcohol. Chloroform, ether, and the fixed oils dissolve it, but it is insoluble in benzin. Dr. Caillé (N. Y. Med. Jour.) has found it of value as a hypnotic, analgesic, and antipyretic in 10- to 15-grain doses to adults.

Dr. Lawrence F. Flick writes that iodoform will cure tuberculosis in the first stage, and it acts better when administered by inunctions than when given by the mouth—*Coll. and Clin. Record.*

Dr. Siebel recommends the following as an excellent salve for the treatment of burns:

℞ Europhen, . . grms. 3 (gr. xlv).
Olive-oil, . . grms. 7 (℥ij).
Vaselin, . . grms. 60 (℥ij).
Lanolin, . . grms. 30 (℥j).

The writer claims this salve to be an excellent application for the treatment of all kinds of burns. It is preferable to iodoform not only on account of its odorlessness, but also from its analgesic properties and the peculiar quality which it possesses of drying up the secretions of wounds, thus permitting one to leave a dressing in place for several days.—*Lancet-Clinic.*

DYSENTERY.

℞ Salol, ... ℥j.
Syr. tolu., ... ℥ij.
Extr. opii, ... gr. ij.
Cognac, ... ℥j.
Mist. acaciæ, . . . ℥vij.
One tablespoonful every hour.—*Med. Press; Times and Register.*

THIOL GOUT PLASTER.

The Chemist and Druggist (London) publishes the following, taken from Dieterich's Manual:—

℞ Resin, ... 25 parts.
Pitch, ... 25 "
Bees-wax, ... 25 "
Melt and add:
Turpentine, . . . 20 "
Thiol liquid, ... 5 "

Thiol undoubtedly has therapeutic virtue in treatment of gout and rheumatism, and in above combination should prove serviceable.—*Notes on New Remedies.*

MISTURA ANTI-EMETICA. (Char. Hospital).

℞ Creasoti, ... ♏xij.
Acidi hydrocyanici dil., . ♏xxx.
Acaciæ pulv.,
Sacchari pulv. . . āā ʒvj.
Aquæ, . . . q. s. ad fʒij.
M. Sig.: A teaspoonful.—*Doctor's Weekly.*

FOR CORYZA.

℞ Cocaine hydrochlorate, . gr. ix.
Menthol, ... gr. xv.
Coffee, parched and finely pulverized, . . . gr. xxx.
Boric acid, ... ʒij.
M. Sig.: Take five or six good pinches, as a snuff, a half-dozen times daily.—*Monde Thérapeutique; Med. Age.*

NEW MEXICAN DRUGS.

Ponchilhuitz —Manuel Sanchez reports on ponchilhuitz, which belongs to the *Apocyni*, family *Asclepias curassavica* (Linn.). It grows in the hot lands of Southern Mexico. The infusion and decoction of this drug have a purgative action.

Tacopatle.—Juan Mota reports on tacopatle (*Aristolochia Mexicana*). This plant grows in the hot lands of Southern Mexico. It contains an acid, a resin, a fat, an orange-colored pigment, a nitrogenous substance, a peculiar organic acid, starch, an essential oil, cellulose, lignose, and mineral salts. The drug in powder produces sneezing and inflammation of the nasal mucous membrane when applied locally. It has emmenagogue properties, and is exhibited either in infusion or in tincture.—*The Satellite.*

FOR OBSTINATE CASES OF PRURITUS.

℞ Acidi carbolici, ... gr. ij.
Morphinæ acetat., . . gr. iss.
Acidi hydrocyanici dil., . xij.
Glycerini purif., . . . ♏xl.
Aq. destillat., . . . ʒj.
M. Sig.: Apply to vulva on tampons.—*Memphis Med. Monthly.*

FOR HEADACHE.

Prof. Hare recommends the following:—

℞ Caffein., ... gr. ij.
Phenacetin, ... gr. iij.
Sodii bromid., . . . gr. x.—M.
—*Coll. and Clin. Rec.*

MISTURA PRO ANÆMIA. (Bureau O. D. P.).

℞ Ammonii chloridi, . . ʒij.
Tinct. ferri chloridi, . . fʒiv.
Glycerini, ... fʒj.
Aquæ, . . q. s. ad fʒiij.
Dissolve and mix. Sig.: A teaspoonful.—*Doctor's Weekly.*

MISTURA STRYCHNINÆ. ("Hall's Strychnine Mixture," modified).

℞ Strychninæ acetatis, . . gr. j.
Tinct. cardamomi comp., . fʒss.
Alcohol,
Aquæ, . . . āā fʒiiss.
Syrupi, . . q. s. ad fʒiv.
Dissolve and mix. Sig.: A teaspoonful.—*Doctor's Weekly.*

DIARRHŒA MIXTURE. (Hart's Is. Hosp.).

℞ Tinct. capsici, . . . fʒj.
Spir. menthæ pip., . . fʒij.
Tinct. opii, . . . fʒiij.
Tinct. catechu comp.,
Tinct. kino,
Tinct. krameriæ,
Spir. camphoræ,
Aquæ, ... āā fʒiv.
M. Sig.: 30 to 60 minims.—*Ibid.*

MIGRAINE MIXTURE. (Char. Hospital).

℞ Antipyrini, . . . gr. xv.
Aquæ menthæ viridis, . fʒss.
Dissolve. Sig.: Take as one dose at the beginning of a paroxysm.—*Ibid.*

CHILBLAIN.

Monin recommends:—

℞ Sodii borat., . . . gr. lxxv.
Potassii bichrom., . . gr. xv.
Olei betulæ,, . . . gtt. xx.
Olei lavand., . . . gtt. xx.
Vas. camph. (Albolene camph.), . . . ʒiss.
M. Rub the hands three times a day and after each application put on silk gloves wrung out of warm water.—*N. Y. Med. Abstract.*

HYPERTROPHIC CIRRHOSIS OF THE LIVER.

Dr. F. Delafield speaks favorably of the following:—

℞ Sulpho-carbolate of sodium, ... 4 drachms.
Carbolic acid, . . . 4 grains.
Tinct. nux vomica, . . 2 drachms.
Glycerin, ... 2 ounces.
Water, ... 6 ounces.
M. Sig.: One tablespoonful three times a day, before meals.—*Med. Age.*

CHRONIC DIARRHŒA.

Eichler recommends the following:—

℞ Salol, ... ʒj.
Castor-oil, ... ʒv.
Syrup rhubarb, . . . ʒx.
Cinnamon-water, . . ʒv.
Gum arabic, . . . q. s.
M. Sig.: A tablespoonful every hour, until a laxative effect is produced.—*Canada Med. Review.*

LEUCORRHŒA.

Henske prescribes:—

℞ Chlorate of potass., . . . 1
Tincture of opium, . . . 1
Tar-water, ... 16

Add two or three tablespoonfuls to a quart of luke-warm water and inject morning and evening. —*N. Y. Med. Abstract.*

SALICYLATE OF CALCIUM IN DIARRHŒA.

This salt is recommended in diarrhœa, especially that of children. The dose is from 7½ to 21 grains, either alone or associated with salicylate of bismuth. It is soluble in cold water.—*N. Y. Med. Abstract.*

BLENNORRHAGIA.

Jullien makes use of:—

℞ Subnitrate of bismuth, . 10 grs.
Resorcin, ... 3 grs.
Iodol, ... 1 gr.
Liquid albolene, . . . 140 grs.

One injection just before going to bed and on rising in the morning.—*N. Y. Med. Abstract.*

ACUTE GASTRITIS.

Menche praises the following combination:—

℞ Acid. mur. pur.,
Resorcin sublimat., . āā 2 grms.
Syrup corticis aurant., . 20 "
Aq. destillat., . . . 178 "

SENILE DEBILITY.

℞ Tinct. capsici, . . . ʒij.
Tinct. nucis vom., . . ʒij.
Celerina, ... ʒiiiss.

M. Sig.: Teaspoonful in water before meals.

CYSTITIS.

A $\frac{1}{16}$- to $\frac{1}{10}$- per-cent. solution of salicylic acid in glycerin and water is recommended by Dr. John P. Bryson, of St. Louis, for washing out the bladder.

BURNS.

The following is an excellent dressing for burns:—

℞ Campho-Phenique, . . ℥j.
Lanolin,
Ung. aquæ rosæ, . āā ℥j.

M. Sig.: Apply two or three times a day.—*Weekly Medical Review.*

ANTISEPTIC GARGLE.

℞ Salicylic acid, . . . gr. xv.
Glycerin, ... ℥iiss.
Peppermint-water, . ad ℥vij.

Dissolve the acid in the glycerin, and add the water.—M. H. BARNOUVIN, in *Rep. de Pharmacie.*

PILOCARPINE IN STATUS EPILEPTICUS.

Kernig, for a young girl suffering from status epilepticus, gave a subcutaneous injection of ⅓ grain of the hydrochlorate of pilocarpine, which produced copious perspiration, followed by complete and definite arrest of the convulsions. In about an hour œdema of the lungs apparently threatened, together with collapse. Fortunately, these disquieting symptoms disappeared, the pulse rose in force and frequency, and the patient fell into a calm and reparative sleep.—*Times and Register.*

INDOLENT ULCERS.

Dr. A. Cavazzani employs:—

℞ Iodoform, ... 55 parts.
Acid salicylic, . . . 20 "
Bismuth subnitr., . . 20 "
Camphor, ... 5 "

The powder may also be beneficially applied to bubo.—*Intern. Jour. Surgery.*

FOR DYSPEPSIA.

Dr. Crozer Griffith says: In the treatment of a very large number of cases of dyspepsia during a series of years, I find myself constantly giving some such formula as the following,—a prescription whose general construction is by no means original with me:—

℞ Tinct. nucis vomicæ, . . ♏v–xv.
Ol. caryophylli, . . . ♏i–iv.
Spir. chloroformi, . . ♏xv–xxx.
Tinct. cardamomi comp., ad f℥j.

M. Sig.: A teaspoonful in water after meals. —*Philadelphia Polyclinic.*

AN EXCELLENT CARDIAC TONIC (Huchard).

℞ Tincture of kola, . . ʒx.
Tincture of coca, . . ʒvij.
Tincture of squills, . . ʒv.
Tincture of digitalis, . . ʒv.
Syrup of cherries, . . ℥ij.
Wine of lunel, . . . ℥iiss.

Let stand, then filter.

Sig.: A tablespoonful two or three times daily for ten days.

FOR DIARRHŒA.

℞ Extract of kola, . . . gr. xv.
Powdered kola, . . . q. s.

For 100 pills.

Sig.: Ten or fifteen to be taken each day.—*Bulletin de Thérapeutique; Times and Register.*

DR. ROTHROCK, of Malakoff, Texas, writes: We find kava-kava excellent for enuresis, given in 5- to 15- drop doses (as to age) three times a day. Alternated with rhus aromatica or

belladonna, it has better effects. We sometimes use this combination:—

℞ Kava-kava, . . . ʒiss–iij.
Rhus aromatica, . . ʒiss–iij.
Or,

℞ Fld. ext. belladon., . . gtt. viij.
Muc. acaciæ, . . . ʒij.

M. Sig.: Teaspoonful every three hours, or three times a day. Mucilage of marsh-mallow to be drunk freely.

HERPES ZOSTER.

℞ Ext. gelsemium,
Sodium sulph-carb., . āā ʒj.
Dist. water, . . . ʒiij.

M. Sig.: Teaspoonful every two hours.

At the same time 5 drops of tincture of belladonna are administered every two hours until a slight dryness of the pharynx is experienced.—*St. Louis Clinique.*

HOUR-GLASS CONTRACTIONS.

A writer in the Lancet reports good results from a stream of hot water thrown for fifteen minutes against a restricted uterus. This condition had followed instrumental delivery. The writer suggests the possible aid of hot water, two or three quarts in the bowel.

FRECKLE LOTION.

℞ Potassium cyanide, . . gr. x.
Honey (pure), . . . ʒiv.
Glycerin, ... ʒij.
Rose-water, . . q. s. fʒiss.

Sig.: Apply night and morning.—J. C. THUM, in *Pharm. Era.*

TREATMENT OF CHOREA WITH EXALGINE.

Dr. H. Lowenthal, of Berlin, in a recent paper gave the details of thirty-five cases of chorea treated with exalgine. The results were very encouraging. The dose employed was 3 grains, repeated three to five times a day; the duration of treatment varied, according to the gravity of the case, from eight days to four months.—*N. Y. Med. Journal.*

PHENOCOLL HYDRATE.

Phenocoll hydrate has been found of value in neuralgiæ secondary to "grip" and those of lithæmic people resultant on damp weather.

EXALGINE.

Dr. Desire finds exalgine in doses of 4 to 12 grains to be a reliable drug for the relief of persistent syphilitic bone pains which ordinary treatment will not stop.—*Doctor's Weekly.*

PLEASANT COUGH-MIXTURE.

℞ Ac. hydrocyan. dil., . . ♏iij.
Syr. picis liq.,
Syr. prun. virg., . āā ʒss.
Spts. menth. pip., . . ♏x.
Syr. simp., . q. s. ad ʒij.

M. et Sig.: Half to teaspoonful every two or three hours.

The mixture is quite pleasant to take and will promptly check a cough without producing nausea.—BALLARD, in *Miss. Med. Monthly; St. Louis Clinique.*

NEURALGIA.

The following is said to be valuable in obstinate neuralgia:—

℞ Acetanilide,
Bisulphate of quinine, āā gr. j.
Cocaine hydrochlorate, . gr. $\frac{1}{16}$.—M.

Make into one pill. Dose, 1 pill every hour, or as indicated.—*New Idea.*

ANTI EMETIC IN INFANTILE GASTRO INTESTINAL CATARRH.

℞ Tincture musk, . . . gtt. xx.
Red wine, ... grms. xv.
Syrup, ... grms. xv.
Infusion salep, . . . grms. lx.

Sig.: Small teaspoonful every two hours.—N. MANDESTAMM, *La Semaine Médicale.*

CHLORINE-WATER AS AN ANTISEPTIC IN OPERATIONS UPON AND INJURIES OF THE EYE.

Dr. Schmidt-Rimpler, of Göttingen, employs chlorine-water after the operation for dacro-cystitis and cataract, in plastic operations on the lids, and traumatisms of the eye. In cases of corneal suppuration, especially in serpiginous ulcer, irrigations of chlorine-water, repeated several times daily, have given very satisfactory results, though operations may still be necessary in grave cases. Corneal infiltrations, provoked by the sublimate, do not occur with the application of chlorine-water, and this fact constitutes a considerable advantage. Far from irritating the wound or conjunctiva, chlorine-water produces less conjunctival secretions than the sublimate.—*Buffalo Med. and Surg. Journal.*

IN the treatment of ascaris lumbricoides Professor Demme has recently been using an oleaginous solution, slightly sweetened, of santonin, ½ grain in 1 ounce of olive-oil. He says that it is more efficacious than santonin itself, in the dry condition, and more so than

powdered worm-seeds. In suspected cases of thread-worms he administers a dose in the morning, and, if his suspicions prove correct, a second dose in the afternoon; even if the result be negative the morning dose has no bad affect. In severe cases, when the number of parasites is great, this treatment does not always prove sufficient, and he then gives, also, doses of santonin in combination with castor-oil, or with calomel in powders.—Berlin Letter in *Bulletin of Pharmacy*.

HERACLEUM LANATUM IN EPILEPSY.

Dr. H. N. Avery reports two cases (N. Y. Med. Times) of epilepsy improved by the use of an alcoholic infusion of the leaves of heracleum lanatum (cow-parsnip).

VEGETATIONS OF THE GENITALS.

A writer in Med. Moderne recommends an application of the following with a camel-hair brush once or twice daily:—

℞ Acid salicylic, . . . gr. viij.
Acid acetic, . . . ʒij.—M.

—*The Prescription.*

PULMONARY TUBERCULOSIS.

Where creasote is indicated I have found the following to be a pleasant mode of administration:—

℞ Creasote, ... ʒj.
Tinct. gentian comp., . ℥ss.
Alcohol, ... ℥j.
Syrup wild cherry, q. s. ad ℥vj.

M. Sig.: Teaspoonful every four hours.—Sidney Thompson, M.D., in *Memphis Med. Monthly*.

A SNUFF FOR ACUTE CORYZA.

Tissier recommends the use of the following snuff for the relief of a cold in the head:—

℞ Menthol, ... gr. vj.
Powdered boric acid, . ʒij.
Subnitrate of bismuth,
Powdered benzoin, . āā ʒiij.

A good-sized pinch of this may be snuffed up five or six times a day. If desired, 1 grain of morphine and ½ drachm of calomel may be added to the mixture, the addition apparently increasing its efficacy in certain cases.—*Ibid.*

FOR HOARSENESS.

In addition to the measures employed in the treatment of the causative condition, the following formula will prove useful in the amelioration of hoarseness, according to Whitla:—

℞ Acid. tannic., . . . ʒj.
Pulv. sodii biborat., . . ʒj.
Tinct. capsici, . . . ʒss.
Aquæ rosæ, . . . ℥x.

M. Sig.: To be used frequently as a gargle. —*Med. News*.

CHLOROSIS.

Pick prescribes:—

℞ Creasoti, ... gr. ¼.
Sugar of milk, . . . gr. ij.

M. Ft. capsule no. j.
Sig.: One after each meal.

These remedies he finds to satisfactorily control the fermentative processes.—*University Medical Magazine.*

OROXYLUM INDICUM.

The root of *Oroxylum indicum* (Bigoniaceæ) is employed by Evers (Pharm. Journ.) externally, in the form of a bath, in the treatment of acute articular rheumatism. Internally, he prescribed it in powder, in doses of 0.3 to 1.0 gramme (3 to 15 grains). Combined with opium, it possesses more energetic diaphoretic action than ipecac. It acts also in dysentery as an astringent and tonic.—*Wiener Medizinische Wochenschrift.*

JAMBUL IN DIABETES.

Dr. O. W. Baymer, of Camden, N. J., reports, in the Medical Age, two cases of diabetes in which he administered jambul with advantage. The writer concludes that:—

"Both the fluid extract and the powdered seed of jambul have virtue in diabetic diseases of the saccharine variety; but, of the two, I prefer the seeds powdered.

"They show their favorable action by reducing the quantity of sugar, allaying irritation, healing excoriations, diminishing the quantity of urine, and restoring it to its normal consistency and color. In addition, what is of great importance in this disease, they keep the bowels in a well-regulated condition.

"In neither case could I find much difference with or without the codeine, with the exception that it allays a tendency to nervousness.

"I don't believe the full power of jambul will be made manifest unless careful attention is given to diet."

RHUS POISONING.

Dr. Silas Hubbard, writing to the Medical Summary on rhus toxicodendron, says that in cases of poisoning from this plant many remedies have been recommended as specifics, such as carbolic-acid solution, sulphate of copper, tinct. of ipecac, glycophenique, etc., but no specific has as yet been found to neutralize the poison as well as hot-water bathing.

Hot-water bathing will ordinarily perform a cure in forty-eight hours. After trying everything that has been lauded, I find that bathing the parts affected much and long with hot water affords more relief than anything else.

TOXIC EFFECTS OF BORIC ACID.

Dr. Lemoine (Monit. Pharm., January, 1892, 1019) states that boric acid is not such a harmless antiseptic as has generally been accepted, as it may cause rubeolous eruptions, accompanied by vomiting, constant nausea, intense cephalalgia, and sleeplessness without an accompaniment of rise in temperature or acceleration of the pulse. Furthermore, a general urticaria, with vomiting and quiet delirium, were noticed.—*Amer. Jour. Pharm.*

CAFFEINE SOLUBLE IN ANTIPYRIN SOLUTION.

Caffeine, mixed with an amount of antipyrin slightly in excess of its own weight, becomes perfectly soluble in water without the aid of heat. By applying heat 50 cgm. of caffeine and 75 cgm. of antipyrin may me dissolved in 10 grammes distilled water, and the solution remain clear. This combination is very valuable in neuralgia or hemicrania.—*Bull. Pharmacy.*

ANTIPYRIN AND CHLORAL HYDRATE INCOMPATIBLE.

Antipyrin and chloral hydrate liquefy when triturated together; after some time white crystals are separated, which are found to be an additional product of the two molecules, or trichloraldehydphenyldimethylpyrazolon. The compound was found therapeutically inactive. These crystals are soluble in water, but less so than either antipyrin or chloral hydrate. They do not form in diluted solutions, and a solution containing 15 grains each of antipyrin and chloral hydrate is considered to be permanent. —*Bull. Pharmacy.*

PILLS FOR DYSMENORRHŒA.

The following (La Cronaca Medica, September, 1891) is recommended:—

℞	Camphor, in pulvere, . .	gr. j.
	Pulv. Doveri, . . .	gr. xv.
	Extr. hyoscyam., . .	gr. j.

M. Sig.: Sufficient for 10 pills. One pill every hour until the pains disappear.—*Archiv. Gynæcology.*

THE USE OF PETROLEUM IN DIPHTHERIA.

M. Larcher concludes:—

1. That crude petroleum, used in the form of a gargle or applied to the diseased surface by means of a brush, may effect a cure of diphtheritic angina.

2. That its use is free from any inconvenience.

3. That it may be employed concurrently with other remedies, such as salicylic acid or the spray of carbolic acid.

4. The duration of the treatment varies from eight to eighteen days.—*Revue de Laryngologie*, etc.

SYPHILIS.

Of the use of mercury Professor Fournier writes: As to the dose on which success depends, you must not be afraid. What is the most useful quantity? I regret that I have to say that most physicians keep below the proper quantity, as I learn in consultations I have with them. Let me give you an example. I was asked to see a fine, big fellow whom I found with a tubercular syphilide, and who three years before had been treated for syphilis for a few months, during which he took only $\frac{5}{6}$ grain of proto-iodide of mercury per day, which for such a big man was nothing at all, so that during three years he had his syphilide. I have notes of another case that was treated with $\frac{1}{60}$ grain of corrosive sublimate per day, and now has phagadæna. So you see that many patients are not treated properly. This is a sort of "disguised expectation." It is a delicate matter, I know, absolutely, to fix a dose of mercury in syphilis. There is no exact dose; the curative dose of corrosive sublimate for a man is about ½ grain; for a woman it is ⅓ grain; below this the drug has no active effect on the disease. The dose of the proto-iodide is larger, —for a man about 2 grains per day, and for a woman 1 ⅓ grains. This is the most efficacious

dose, capable not only of meeting all the important indications, but also of preventing symptoms that might arise in the future.—*Univ. Med. Mag.*

ANTIDOTE FOR HYDROCYANIC ACID.

Professor Kobert has proven experimentally that hydrogen peroxide is an antidote for hydrocyanic poisoning. It is to be given both by the mouth and hypodermatically until all symptoms subside, and the odor of the acid can no longer be recognized in the exhalations.

ACUTE AND CHRONIC NASAL CATARRH.

℞ Phenate of cocaine, . . 20 cgms.
Pulverized boric acid, . 2 grms.
M. Sig.: External use.

IN THE TREATMENT OF AFFECTIONS OF THE STOMACH.

℞ Phenate of cocaine, . . 5 cgms.
Subnitrate of bismuth, . 2 grms.
Mix and divide in five cachets.

Sig.: In cases of gastralgia, one cachet in the morning, before breakfast, or one hour before the expected principal crisis.

℞ Phenate of cocaine, . . 7 cgms.
Powder of condurango, . 1 grm.
Mix and divide in ten small cachets.

Sig.: In cancer of the pylorus, one cachet in the morning before breakfast.—*University Med. Magazine.*

GUAIACOL BINIODIDE, A NEW ARISTOL.

Dr. Vicario proposes guaiacol biniodide as a probable pulmonary antiseptic. It is prepared from guaiacol sodium by the action of iodine in potassium-iodide solution. The guaiacol is treated with an excess of caustic soda, which produces a whitish mass gradually becoming greenish and violet. The guaiacol sodium is obtained in a pure crystalline state by recrystallization from guaiacol. The guaiacol can be recovered by distillation. The crystalline compound is dissolved in water, and to this is added a solution of iodine in potassium iodide as long as precipitation takes place. The precipitate is of a reddish-brown color, possessing the odor of iodine, readily decomposable on heating, fusible on a water bath, and soluble in alcohol and fixed oils.—*Prog. Thérap.; Amer. Journ. Pharm.*

RANULA.

Briz, of the General Hospital, Madrid, mentions a case of one of these tumors, as large as a hen's egg, which he cured in a very simple way. The contents of the tumor were too thick to be aspirated with a hypodermatic syringe, and 15 minims of the following solution were injected twice, at an interval of three days, and effected a permanent cure:—

℞ Potassii iodidi, . . . gr. vj.
Tinct. iodi,
Aquæ destil., . . āā f℥j.—M.

—*La Andalucia Medica; New England Med. Monthly.*

CREASOTE PILLS.

Creasote pills, containing 10 or more per cent. of creasote, may be made by a modification of Dieterich's method, as follows:—

℞ Creasote, ... 10 parts.
Glycerin, ... 1 part.
Extract liquorice, . . 10 parts.
Powdered liquorice, . . 19 "

—GERBER, in *Schwz. Wochenschr. f. Chem u. Pharm; Amer. Journ. Pharmacy.*

THE TREATMENT OF HÆMATO-CHYLURIA WITH THE BICHROMATE OF POTASSIUM.

Diago has reported to the Clinical Society of Havana results which he obtained by the administration of the bichromate of potassium in seven cases of hæmato-chyluria. The dose which he has administered is ⅓ to ½ grain in half a pint of water. In three of the cases the filaria were found, and in four others there was profound anæmia. This medication was employed to the exclusion of all other treatment. Of the cases, four were cured without other treatment and two in forty-eight hours, while the others found relief in about fifteen days. The three cases which were complicated by the presence of filaria were found most rebellious to treatment. The author believes that the bichromate of potassium is a very useful remedy in the treatment of the malarial, pernicious anæmia of the tropics.

A CHEAP METHOD OF ADMINISTERING FAT.

Dr. Mershinski, by boiling milk and lard together for a considerable time, prepares a liquid which contains a large percentage of fat, 1 litre (1¾ pints) containing from 130 to 170 grammes. He gives half a litre before rising and another at 11 o'clock. "Breakfast," at 1 o'clock, consists of carbohydrates; dinner, at 5, of nitrogenous matter. Experiments prove that the diet is generally well digested, and that the patient increases in

weight. Dr. Mershinski considers this preparation very suitable for hospital and union practice in cases of malnutrition not connected with disease of the stomach, liver, intestines, or pancreas.—*London Lancet; Medical Age.*

THE DIFFERENCE BETWEEN METHYL BLUE AND METHYLENE BLUE.

Methyl blue and methylene blue are not the same, as is usually supposed by druggists and physicians. Methyl blue is the sodium salt of the phenyl-pararosaniline-sulphuric acid. It is also known as methyl blue, M. B. I. for cotton, and in German also under other names. It is a dark-blue powder, soluble in water, forming a dark-blue solution. It has been recommended as an antiseptic in diphtheria and certain other diseases. In diphtheria, a mixture of 2 parts with 98 parts of powdered sugar, has been used locally with some success. Methylene blue, also known as methylenblau, methylene blue, B. B. B., is a salt of tetramethylamine. The salt most commonly met with in commerce is the double chloride of zinc and tetra-methylthionine. Schultz (Chemie des Steinkohlentheers) says the simple hydrochlorate of the base is also put on the market under the name of methylene blue. This is given internally in doses of about 3 grains, in articular and muscular rheumatism; as an analgesic hypodermatically; and in malarial affections. In view of the fact that methylene blue may consist of a salt of zinc, as above mentioned, it behooves those physicians who use the substance internally to know whether they are giving a zinc salt or not.—*Amer. Drug.*

ERYTHROPHLŒINE.

The alkaloid of *Erythrophlœum guineense*, according to Prof. Sée (La Méd. Moderne), is about as poisonous as the amorphous digitalin of Homolle and Quevenne, and acts both upon the heart and lungs. The hydrochloride crystallizes and is soluble in water. The medicinal dose, 1.5 to 2.5 milligrammes ($\frac{1}{40}$ to $\frac{1}{25}$ grain), does not produce any digestive disturbance, and modifies but slightly the condition of the heart, but renders respiration more easy.—*Amer. Jour. Pharm.*

STRONTIUM SALTS AS TÆNIFUGES.

Dr. Laborde (Rép. de Pharm., 1892, 85) uses the following prescription in cases of tænia:—

℞ Strontium lactate, . . 20 grammes.
Distilled water, . . 120 "
Glycerin, . . . 30 "

The dose being two tablespoonfuls a day for five days, at the end of which time the tænia has usually been passed off.—*Amer. Jour. Pharm.*

INCONTINENCE MIXTURE. (Char. Hospital).

℞ Sodii benzoatis,
Sodii salicylatis, . āā gr. xxx–lx.
Ext. belladonæ fl., . . gtt. ij.
Aquæ cinnamomi, . . f℥iv.

Dissolve and mix. Sig.: A teaspoonful four or five times daily. For incontinence of urine in children.—*Times and Register.*

COMEDONES.

Blondel's formula is as follows:—

℞ Magister bismuth,
Acid. boric. pulv., . āā 3
Rad. ratanh. pulv., . . 1
Tragacanth, . . . 2

M. A dusting-powder.—*Deutsche Med. Zeitung; The Prescription.*

EMULSIO OLEI MORRHUÆ.

℞ Olei morrhuæ, . . . f℥viij.
Mucilag. chondri (N. F.), . f℥v.
Syrupi tolutani, . . . f℥ij.
Olei gaultheriæ,
Olei sassafras, . . āā ♏xv.
Aquæ, . . . q. s. ad f℥xvj.

Pour the mucilage of Irish moss into a suitable bottle; add the codliver-oil in divided portions, shaking well after each addition, and, when a perfect emulsion is formed, add the syrup of tolu and oils, and, lastly, enough water to make 16 fluidounces. Finally, mix the whole thoroughly together.—*Times and Register.*

INJECTION FOR LEUCORRHŒA.

Heuske recommends the following injection for this disease:—

℞ Chlorate of potassium, grms. xxx.
Tinct. opium, . . grms. xxx.
Tar-water, . . . grms. cccclxx.

M. Sig.: Two or three tablespoonfuls to be placed in a litre of lukewarm water, for vaginal injections, morning and evening.—*Revista de Ciencias Medicas de Barcelona; Prescription.*

CHRONIC PHARYNGITIS.

℞ Ergotin, ... gr. xv.
Tincture of iodine, . . ℥j.
Glycerin, ... f℥j.

M. Sig.: To be applied three times a day by means of a brush.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
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A DESERVING CHARITY.

ONE of the noblest objects to which benevolence can be applied is surely the alleviation of the physical suffering of poor children. Physicians who practice in great cities daily meet with the most pitiful cases, appealing strongly to their sympathies, but in regard to which they feel their hands tied. Of what avail is it to prescribe drugs, however appropriate, and even if they are supplied free of cost by some dispensary, when the little sufferer chiefly needs fresh air and good food? We all know how scrofula, tuberculosis, rachitis, bronchial and gastro-intestinal catarrhs prevail in the narrow and dirty alleys. Much misery and grief could be averted, and many lives be spared were it possible to transport ailing children to more healthy surroundings. This is the object for which the Children's Sea-Shore House, the first of its kind in the United States, was established in 1872, at Atlantic City, N. J. The capacity of the institution has gradually increased until it now has accommodations for about one hundred and twenty-five children and thirty mothers. The main building contains large, airy wards for the reception of children over three years of age. These patients are cared for by competent nurses. For the benefit of younger children small cottages have been erected almost upon the beach. Each cottage is assigned to a mother with a sick infant. She is permitted to have one or more children with her, and has exclusive use of the cottage, but has her meals provided in the main building. There is also a "Baby's Ward" for sick infants who cannot have their mother's care. Special provision has recently been made for the accommodation of girls from 14 to 20 years of age, over whom a matron is placed. Boys are not admitted over the age of 12 years. The managers hope soon to be able to keep the House open all the year. At present its work is restricted to the months of June, July, and August. No distinction is made as to creed, color, or nationality. A number of examining physicians have the power of recommending suitable patients for admission. The charges of the institution for board are exceedingly low, and include medicines, medical attendance, and nursing. Low rates of transportation are generously allowed by the railways between Philadelphia and Atlantic City. The length of time during which patients may remain at the House is determined by the physician-in-charge, and depends upon the nature of each case. Vacancies, therefore, are constantly occurring and are at once filled from the list of applicants in the order of their application.

During the season of 1891 the number of children admitted was 750, and of mothers 179. The average stay of children in days was 12, and of mothers 9. The daily average number of children in the institution was 100, and of mothers 18. Among the diseases tabulated in the report of the physician, we notice psoas abscess, tubercular arthritis, coxalgia, Pott's disease, chorea, enterocolitis, lateral curvature of spine, marasmus, rickets, scrofulosis tonsillitis, convalescence from amputations, diphtheria, fractures, typhoid fever, etc.

A work of this kind should receive hearty support. Contributions of money, clothing, provisions, etc., will be gladly received by any of the managers, of whom further information can be obtained. The excess of expenditures over receipts amounts to at least five thousand dollars annually.

A "PARROT EPIDEMIC."

TO the list of diseases common to man and the lower animals, and transmissible from the latter to the former, we must now, perhaps, add another affection. A grave, infectious malady, characterized by severe symptoms, in some cases ending fatally, made its appearance during the early spring in Paris, and its origin has been traced to an importation of South American parrots. Whether the birds, however, are themselves affected or simply act as passive carriers of pathogenetic

microbes has not, as yet, been determined. From the accounts of the epidemic published in our esteemed exchange, La Médecine Moderne, it appears that the clinical forms which the illness assumes are very variable, though, in general, they present a typhoid character. At times it begins abruptly with headache, vertigo, chills, and high fever. In other cases the invasion is insidious. The most prominent manifestation is, in some instances, a pseudo-membranous angina; in others a pneumonia or broncho-pneumonia. Death may take place within three to six days, or a protracted convalescence occur. Again, it may assume an intermittent type.

Professor Peter believes that in many cases the disease was transmitted direct from the birds to the human subject; in others from patient to patient. The man who imported the parrots is believed to have contracted his illness from the birds. M. Peter regards the disease as "a sort of typhus." But different observers are not agreed as regards the classification of the fever. MM. Dujardin-Beaumetz and Gaston believe that the malady is an ordinary infectious pneumonia, the gravity of which has been heightened by the unsanitary condition of the dwellings of the patients.

These observers think that the micro-organisms are simply conveyed by the feathers of the birds, who are themselves free from disease. Dealers in parrots aver their total ignorance of the previous occurrence of similar cases.

In fatal cases there have been found a generalized congestion of all the organs, foci of gray hepatization and islets of pulmonary congestion of the broncho-pneumonia form. One case of recent vegetating endocarditis was seen; in another, the spleen was swollen, and Merklen, in one case, perceived large white kidneys. Professor Cornil found a planiform hepatization of the lung, which he considered the result of a form of hæmorrhagic septicæmia.

Nétter detected numerous pneumococci in the lungs, together with a number of other forms. On the other hand, a culture of the viscera of one of the parrots, made by M. Gaston, yielded no pathogenetic microbes.

According to the bulletin of the Health Department the deaths were reported as due to pneumonia, infectious broncho-pneumonia, and hæmorrhagic septicæmia. Professor Cornil, after making the autopsy of a fatal case, remarked: "It is a new disease, neither pneumonia nor typhoid fever; this is the first time I have met with it"

THE ACTION OF OPIUM AND ITS ALKALOIDS UPON THE MOVEMENTS OF THE BOWEL.

IT is a matter of every-day observations among clinicians that opium in substance has a much more decided action than morphine in restraining peristalsis. The most plausible explanation of this fact that suggests itself is, that the effect of the morphine must be heightened by that of the associated alkaloids.

The influence of the drug and its active constituents upon the intestine has recently been studied by Nothnagel, Schroeder, Spitzer, and Leubuscher. The experiments of Spitzer were conducted upon frogs, rabbits, and men. He found that hypodermatic injections of small doses of watery extract of opium lessened the sensitiveness of the gut to painful impressions through a local influence upon the nerve-centres of the intestinal wall. Larger doses are demanded in order to check peristaltic contraction. According to the observations of this observer, morphine has the same effect as opium, but the other alkaloids produce but little effect upon the intestine. Leubuscher has made a comparative study of the action of morphine, codeine, narcotine, narceine, papaverine, and thebaine. In order to excite vermicular emotion he availed himself of galvanic, faradic, and chemical excitation. This investigator concludes that morphine is the most efficient agent in allaying intestinal movements. Papaverine comes next to morphine in this respect. Narcotine is much more feeble, and must be given in large amounts in order to exert any influence. Narceine and codeine are altogether inefficient, at least in the doses in which they were given. From $\frac{1}{6}$ to $\frac{1}{3}$ grain of thebaine excited violent intestinal contractions.

ALCOHOLISM IN FRANCE.

OUR French brethren have lately devoted a large share of their attention to important questions in which the borders of medical science trench upon those of sociology. The usefulness of Medicine to the State has scarcely yet received general appreciation. The intemperate use of alcoholic liquors has always been—probably always will be—a most important topic of consideration in Great Britain and the United States. But, for reasons which would lead us too far to endeavor to trace, in other countries, also, the increase of the drinking-habit has become a pressing question. A recent brief note in La Médecine Moderne informs us that during the last twenty years the consumption of alcoholic liquors has increased enormously, and that among the lower classes the habit is universal among men, women, and children. According to the "Lectures on Alcoholism," published by M. Villard, of Marseilles, the quantity of alcoholic liquor consumed in that city has doubled within the last twelve years. In ten years the number of drinking saloons had increased by one thousand,—out of all proportion to the increase of population. Absinthe is the fluid chiefly used. It is remarkable, says M. Villard, that few become drunk, but the drinkers are "alcoholized." The number of murders in Marseilles is five times greater than in the other cities of France. Insanity has also grown more common. The general proportion in France is eighteen drunkards to one hundred lunatics. In Marseilles the ratio is twenty or twenty-one to one hundred.

As at Marseilles, so at Paris, absinthe is the favorite drink, and M. Lancereaux does not hesitate to affirm that it is used as freely by women as by men. The latter authority has attempted to establish clinical varieties of alcoholism dependent upon the kind of liquor habitually consumed. He classes as ethylism the results due to wine; as alcoholism those dependent upon brandy and rum, and as absinthism those caused by absinthe and other essences. The victim of ethylism has a congested face, red nose, suffers from morning vomiting, and often succumbs to cirrhosis of the liver. Those addicted to alcoholism are characterized by absolute and symmetrical analgesia of the lower limbs and the tendency to degenerative alterations, to the excessive deposit of fat in the subcutaneous cellular tissue, the omentum, and about the heart. The drinkers of absinthe are distinguished by convulsive attacks, which exactly resemble those of hysteria, and by symmetrical painful hyperæsthesia of the limbs and the trunk, with exaggeration of the plantar reflex. According to Charcot, the accidents attributed by M. Lancereaux to absinthism are simply hysterical phenomena provoked by the toxic agent. Charcot sums up the ill effect of drink in the graphic sentence, "Every drop of seminal fluid of a drunkard contains the germ of all the neuropathies."

ATYPICAL HYSTERIA IN THE MALE.

MM. PAUL BLOCQ and Paul Sollier describe, in Le Progrès Médical, an interesting and very curious case occurring in a lad 16 years of age. The obscurity of the diagnosis of hysteria in certain cases is notorious. French physicians, following Professor Charcot, attach great importance to the appearance of stigmata, yet in the present case this sign was absent. Nevertheless, the authors, from a study of the history and manifestations, regard the symptoms presented as of hysterical origin.

The boy, who had been growing rapidly but whose general health was good, was awakened one night by the occurrence of a general tremor, without chattering of the teeth or loss of consciousness. The attack lasted for an hour and a half, after which he fell asleep. The following night the same manifestation was repeated, and four or five nights later it again recurred. Upon the third occasion he experienced what he termed an "inward" trembling. He had the sensation of trembling, although no movements actually took place. Sent to Switzerland, he was seized, fifteen days after the termination of the first spasms, with a general nocturnal tremor without loss of consciousness, and continuing two hours. An inarticulate sound ("han") which had been manifested during the preceding attack returned and persisted, as did likewise the "internal" trembling. The

crises of tremors, however, developed but twice in eight days. At the end of twelve days all the symptoms, except the laryngeal sound, disappeared. He returned to Paris, but was soon seized with the same train of symptoms, which remained constant. His lower limbs became very weak, he lost his appetite, could not sleep, and his constitutional condition was seriously enfeebled.

When examined, cutaneous sensibility was unaltered. But there existed a special perversion of sensibility consisting in what he compared to a feeling of swelling, provoked by superficial contact with the hands or with his clothing. The sensation was not painful, but "unnerved" the patient. The special senses were unaffected. There were no hyperæsthetic zones or contractions of the field of vision. The tendon reflexes were exaggerated upon both sides.

The treatment consisted in isolation, cold hydrotherapy, and the use of static electricity. He rapidly improved, and at the end of thirteen days the abnormal sensation and the laryngeal cry began to disappear. At the expiration of three weeks sensibility was normal, the cry had entirely vanished, and the general condition was good.

CORRESPONDENCE.

Editor Medical Bulletin:—

I see in No. 6 of the BULLETIN several formulas for abortive treatment of coryza, copied from a French journal. This suggested to me the propriety of calling attention to a powder which I have used with the greatest possible success in innumerable cases of coryza, nasal catarrh, and occasionally in inflammation of the frontal sinuses and antrum. The powder consists usually of a mixture of 1 part sozo-iodol. potass. and 7 parts powdered talcum, a small quantity of which is blown up each nostril once a day, the patient usually doing this himself by means of a glass blow-tube, which I prescribe with the powder, and which has been invented and is manufactured by Dr. J. La F. King, of Springfield, Ill. Respectfully,

W. MYERS, M.D.

SEGUIN, TEXAS, June 1, 1892.

THE Archives of Dentistry, of St. Louis, has suspended publication.

MEDICAL NEWS AND MISCELLANY.

MATILDA M., wife of Dr. William T. Lusk, died at Rome, Italy.

DR. BERNHARD KUESSNER, Professor of Medicine at Halle, died recently.

DR. CASH BULL has been appointed Professor of Otology at Saint George's Hospital, London.

THE third annual session of the French Society of Dermatology and Syphilology was held April 21–23, 1892.

DR. EDWARD CAMPBELL, Professor of Chemistry at Ann Arbor, Mich., has lost both of his eyes by an explosion.

THE Mississippi Valley Medical Association will hold its eighteenth annual session at Cincinnati, October 12–14, 1892.

THE Arkansas State Board of Health now has the power of revoking the license of any doctor guilty of habitual drunkenness.

THE next International Congress for the study of the question of the abuse of alcohol will be held at the Hague, in September.

DR. A. WATKINS, Assistant Secretary of the New York State Board of Regents, and a well-known educator, died at Albany, March 17th.

THE fifth International Congress of Otology will be held at Florence, in September, 1893,—eight days before the opening of the Congress at Rome.

MR. F. J. M. PAGE, B.Sc., F.I.C., has been appointed to the chair of Chemistry and Physics at the London Hospital, rendered vacant by the death of Dr. Tidy.

DR. M. LERMOYEZ, of Paris, has been charged with a scientific mission to Germany and Austria, in order to study the methods of teaching Laryngology and Otology.

WM. C. KRAUSS, M.D., of Buffalo, has been appointed associate editor on the staff of Neurologisches Centralblatt, published by Prof. E. Mendel, of Berlin, Germany.

LA ABEJA MEDICA (The Medical Bee) is the title of a new medical journal which has begun to appear in Havana, under the editorship of Drs. Vidal Sotolongo and Lynch.

THE Atlanta Medical and Surgical Journal has passed into the hands of Drs. Hutchins and Grandy, who have bought the interest of their former associate, Dr. L. Kennedy.

M. MAUREL, interne of the Paris hospitals, has been charged with a commission to Germany and Austro-Hungary, in order to study the organization of Rhinology and Otology.

MORPHINE, tinted for the protection of the purchaser, is one of the latest productions of a German chemist. A beautiful pink tint is imparted to these salts.

TERSE.—Young Lady Patient—"Doctor, what do you do when you burn your mouth with hot coffee?"

Doctor—"Swear!"

A CHAIR of the Chemistry of Food-Stuffs has been established in the Münster Academy, to which Dr. Koenig, Public Analyst for the Münster District, has been appointed.

THE Paris Municipal Council has, at the instance of Dr. Joffroy, voted a grant of 100 francs toward the erection of a memorial of Duchenne, of Boulogne, in the Salpêtrière.

THE French Society of Laryngology and Otology met in Paris, May 2, 1892. Papers were read by Dr. Moure, Dr. Fauvel, Dr. Wagnier, Dr. Lacoarret, Dr. Suarez de Mendoza, and other well-known specialists.

PROFESSOR RUMPF, of Marburg, has been appointed to succeed Dr. Kast, now Professor of Clinical Medicine at Breslau, as head of the Hamburg Infirmary. His scientific publications treat mostly of diseases of the nerves.

VON LANGENBECK'S eldest daughter, the Countess von Hardenberg, has presented to the German Surgical Society a copy of the life-sized portrait of her father in her possession, painted by Professor Schrader. It is to be placed in the Langenbeckhaus.

DR. HUGH ROBERTSON, of Toronto, Ontario, Professor of Anatomy in Trinity Medical College, recently died of diphtheria, contracted while treating his daughter. He had been connected with the Trinity school for twenty years.

ANTIPYRIN ASTHENOPIA.—A case of impairment of vision for distant objects from the use of antipyrin is reported in the London Lancet. The patient was a man, aged 32, who had been using the drug pretty steadily for several months.

SIR JOSEPH FAYRER, M.D., K.C.S.I., Physician to the Secretary of State for India in Council, has been elected a foreign corresponding member of the Royal Academy of Sciences of Lisbon, in the section of Mathematical, Physical, and Natural Sciences.

THE memorial bust of the late Professor Nussbaum, of Munich, was unveiled last month. The bust, which is larger than life-size, is of Carrara marble, the pedestal being of black and red syenite, and is the work of the well-known sculptor, Herr Haff.

GEO. HARE PHILIPSON, M.A., M.D., D.C.L., F.R.C.P., Professor of Medicine, has been nominated for the office of representative of the University of Durham on the General Council of Medical Education and Registration of the United Kingdom, vice Professor Heath, deceasd.

DR. RICHARD CURRAN, of Rochester, has been elected Mayor of the Flower City, by a majority which may reach 3500, over the present incumbent, Mayor Carroll. Dr. Curran served during the entire civil war, having entered the service as an enlisted man, and when mustered out he was surgeon of the Ninth N. Y. Cavalry.

MARINE HOSPITAL ON MARTHA'S VINEYARD.—The Government has accepted six acres of land at Vineyard Haven as the site of the new Marine Hospital. The tract is situated on the bluff, across the harbor from the village of Vineyard Haven.

PROFESSOR AGNEW left a legacy of $50,000 to the Hospital of the University of Pennsylvania, $1000 to the College of Physicians, and made a number of other public charitable institutions his beneficiaries, the total amount of his estate being estimated at $100,000.

MR. RICHARD CADBURY has formally handed over to the Mayor of Birmingham his late residence, Moseley Hall, which he has partially endowed as a convalescent home for children. The institution has accommodation for one hundred and fifty beds, and, with the donor's endowment, is estimated to be worth £30,000.

A MASONIC LODGE OF SCIENTISTS.—The Revue de l'Hypnotisme states that there is a Masonic lodge in Paris, composed of students of philosophy and science, which has the suggestive and thoroughly Gallic title of the "Lodge of Scientific Materialism." Among its members are many physicians, professors of the School of Anthropology, members of the Academy of Medicine, and others.

MEMORIAL TO SIR MORELL MACKENZIE.—Lord Calthorpe, who has had charge of the fund for the erection of a memorial to the late Sir Morell Mackenzie, has announced that the fund will be devoted to the erection of a permanent addition to the Hospital for Diseases of the Throat, which was founded by Dr. Mackenzie in 1864, and with which he was connected until the time of his death.

A MEETING was held at Frankfort, April 17, 1892, to establish a German Otological Society. Seventy members were in attendance. Invited delegates from Austria and Switzerland were also present. After adoption of a constitution two scientific sessions were held, with addresses and demonstrations. Among the speakers were Herren Lucæ, of Berlin; Kuhn, of Strasburg; Rohrer, of Zürich; Asher, of Heidelberg; Eulenstein, of Frankfort-on-the-Main, and others.

DR. DUBOIS, Professor of Materia Medica at Ghent, is dead from the effects of influenza.

MR. JONATHAN HUTCHINSON, F.R.S., was recently elected President of the Medical Society of London.

DR. H. H. KNAPP, Superintendent of the Kansas State Insane Asylum, at Osawatomie, resigned July 1st. He has held the position nineteen years.

DR. M. ALLEN STARR has been elected President of the New York Neurological Society for the coming year.

DR. J. E. THOMPSON, of Edinburgh, Scotland, has been elected Professor of Surgery in the University of Texas.

DR. JOSEPH DRAPER, for nineteen years Superintendent of the Vermont Asylum for the Insane, recently died at Brattleboro, Vt., of double pneumonia.

THE forty-second annual meeting of the Illinois State Medical Society was held at Vandalia, May 17, 18, 19, 1892.

THE Philadelphia Polyclinic, a quarterly of 60 pages, is issued by the Faculty of the institution whose name it bears.

THE forty-seventh annual meeting of the Ohio State Medical Society was held at Cincinnati, Onio, May 4, 5, and 6, 1892.

A MEDICAL man in Rome recently brought to light some interesting specimens of ancient dentistry and artificial teeth in skulls from different Etruscan tombs, dating back as far as six centuries B.C.—*Med. Times.*

DANGEROUS PETS.—A French scientist declares that the domestic pets of the world carry at least 30 per cent. of the common contagious diseases from house to house.

ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE.—The forty-sixth annual meeting of this association was held at Washington, D. C., May 3, 4, 5, and 6, 1892, at the Arlington Hotel.

PROFESSOR BILLROTH recently celebrated the twenty-fifth anniversary of his appointment as professor in the University of Vienna and the fortieth of his graduation as Doctor of Medicine.

THE INDIANA STATE MEDICAL SOCIETY.—The twenty-third annual meeting of the Indiana State Medical Society was held on Thursday and Friday, May 12 and 13, 1892, at Indianapolis, Ind.

THE late Dr. Buckminster Brown, of Boston, has recently bequeathed $40,000 to the University of Harvard, for the foundation of a professorship of Orthopædic Surgery, to be called by the name of the testator.

DR. DALLAS, who acted as Surgeon-in-Chief at Shipka, during the Russo-Turkish war, has been made Surgeon-in-Chief of the Greek Hospital of Yedi Conle.

"WHAT is the most q-rious thing about a drug-store?" asked Smarty of the junior clerk.

"Why, q-bebs, of course," was the unexpected answer.—*Pharm. Era.*

DR. LUDWIG ANDREAS BUCHNER, the Professor of Pharmacy in the University of Munich, will shortly celebrate the fiftieth anniversary of his appointment to the position of a teacher.

DR. GÜTTMANN, of Berlin, has described a case of acute leukæmia, in a boy 10 years of age, which proved fatal four and one-half days after the appearance of the first symptoms, death being caused by cerebral hæmorrhage.—*Berlin. klinische Wochenschrift.*

MR. WYNDHAM R. DUNSTAN, M.A., F.I.C., F.C.S., has been appointed Lecturer on Chemistry at the Medical School of St. Thomas's Hospital. The appointment is worth £350 a year, and it was accepted on the condition that he would not be required to resign his pharmaceutical appointments.

PROF. STANISLAO CANNIZZARO, of the University of Rome, was awarded the Copley medal at the recent anniversary of the Royal Society, London, and Prof. Victor Meyer, who now occupies the chair of Bunsen at Heidelberg, received the Davy medal from the same society.

AMBER IN THE BALTIC.—The recent violent storms in the Baltic have this year, as on former occasions, washed on shore several very large pieces of amber. The largest of these is found to weigh no less than six pounds and a half. This specimen has recently been sent to the famous collection in Königsberg. It is second in size only to one piece in the same collection, which weighs more than eleven pounds avoirdupois.—*Druggists' Circular.*

DR. L. P. BRITT has invented an excellent bit, by which the most vicious horse can quickly be subdued. The principle of the bit is the obstruction of respiration. When the rein is pulled a rubber pad, which rests on the outer side of each nostril, compresses the nostril and shuts off the supply of air. The bit allows the mouth to open slightly, so that a small quantity of air can be inhaled by the mouth. Dr. Britt has also devised a nailless horseshoe, which, it is said, can be removed at night almost as easily as a man takes off his own.

POISONING BY BALSAM OF PERU.—Lohaus (Berl. klin. Woch.) relates the poisoning of a child 6 days old by balsam of Peru. This agent is frequently recommended by midwives as an outward application for sore nipples; and, in

the case referred to, although it was wiped off every time before nursing, yet enough remained behind in the mammary fissures to give the infant an acute gastric catarrh, which carried it off in seven days. Hence, the author cautions against using the balsam in this way.—*Druggists' Circular.*

It is said of a certain literary woman that she is never at a loss for a reply and never misses an opportunity to say a bright thing. One day a friend was describing to her a noted artist, about whom her curiosity had been greatly aroused, but whom she had never seen. "To begin with," remarked her friend, "he has a perfect Niagara of a forehead!" "What?" said the other. "Do you mean to tell me the poor man has a cataract over both eyes?"

Dr. Joseph Eastman, of Indianapolis, Ind., has recently described, in the Doctor's Weekly, a case in which he performed laparotomy for a dermoid cyst, apparently originating in the spermatic cord. The tumor was two-thirds the size of a human head. The bones represented the various parts of a human skeleton,—scapula, clavicle, numerous phalanges, etc. The ossa innominata were particularly well formed. The patient was 33 years of age, very much weakened and emaciated by the tumor, which at first was thought to be a carcinoma. The man survived the operation but twelve days. No post-mortem was held.

Impregnation of One Sexual Pervert Female by Another. — Duhousset (Moll's "Conträre Sexualempfindung") reports the case of two sexual pervert females which came under his observation. One of them at length married, but kept up her relations with the other. The unmarried female had an enlarged clitoris, by which coitus was performed. The unmarried pervert became pregnant, to her own astonishment. The matter was later explained by the admission of the married pervert that, immediately after coitus with her husband, she had indulged with her "friend," who thereby impregnated herself.—*Med. Standard.*

Aid for Lying-in Women in Russia.—A society has been, with the sanction of the Russian Government, established in St. Petersburg, for the purpose of supplying poor mothers in the public lying-in hospitals and their babes with clothing, linen, and money for their journey home, or for the support of the children in suitable institutions when their parents are unable to keep them. The founders of the society are the Countesses N. A. and O. J. Bobrinski, the Princesses M. W. Wjasemski and A. A. Obolenski, and Mesdames W. G. von Gerngross and A. G. Paschkoff.

Glossitis Following a Bite in Chewing Gum.—Dr. George Homan, of St. Louis, reported a case of glossitis following a bite whilst chewing gum. A lady, masticating "Yucatan" chewing-gum, bit the tip of the tongue, causing a slight abrasion; on the following morning the tongue was considerably swollen and quite painful. The inflammatory condition rapidly increased in severity until two days later, when the tongue had become so enlarged and the sublingual glands swelled and indurated to such a degree that suffocation was threatened. This alarming condition continued for about two days, when the swelling, induration, and other evidences of inflammation gradually subsided; a week later the tongue had regained its normal proportions and the patient her usual health.

Investigation showed that the chewing-gum had been lying about the house for several days, and had probably been the means of carrying septic matter into the wounded tongue.—*Med. Fortnightly.*

L'Estomac et le Corset.—Dr. Chapotot, in a recent essay published by Baillière under this title, refers to a matter of some interest to ladies. Young women have often reason to complain of disagreeable noises caused by air moving about in the epigastric region. Our author attributes these noises, which differ from borborygmi, to a vertical bilobulation of the stomach, caused by the pressure of stays. During expiration the upper lobe is relieved of pressure by the ascent of the diaphragm. The lower lobe is, on the other hand, subjected to great pressure from the abdominal muscles. Hence, air and liquids are forced upward into the upper lobe, through the narrow isthmus produced by the pressure of the stays; as they pass through the isthmus and issue out of it, the characteristic gurgling sound is produced. If the stays be taken off the sounds are no longer heard; but they may be reproduced by applying any other form of restriction to the abdomen at the same level.—*Brit. Med. Jour.*

Eau des Peres de la Montaigne-Sainte.—A. M. Bidoche has recently been fined for the illegal practice of medicine in Paris, his specialty being the above water, which contains "the germs of universal fecundation," and which one of his patients found all too successful. She had been married twelve years and had no children; so, she enjoyed, she explained before the correctional tribunal, a satisfactory interview with the doctor, and took a bottle of the wonderful water. Two months afterward she found herself in a very interesting condition, and a son in due time made his appearance. "But, Monsieur le Président," she exclaimed, in tragic tones, "then I had another, and a third, and I went to M. Bidoche and implored him to stop;

that the water was acting too powerfully; and he tells me he cannot, I may have a dozen children———"; when an explosion of laughter in court drowned the rest of the plaintive story. However, the defendant was fined 200 francs, when they ought, in view of the steady depopulation of the country, to have handsomely rewarded him.—*Provincial Med. Journal.*

THE second annual meeting of the Association of Military Surgeons of the National Guard of the United States, held at St. Louis, was a success in every respect. The attendance was large, the meetings well attended, the papers and demonstrations excellent, and the entertainments all that could be desired. Among the features of the meeting were: a clinic at the City Hospital; an exhibition of the field appliances and work of the Medical Department, U. S. Army, a detachment of U. S. Hospital Corps from Fort Riley, Kans., being on hand. Among the entertainments there were a reception and ball at the Merchants' Exchange Hall, receptions by Dr. A. C. Bernays and others, a carriage-drive in and about the city, with a collation at the Jockey-Club House. The visiting surgeons expressed themselves as delighted with the success of the meeting, as well as with the treatment received by them at the hands of citizens and profession.

The following officers were then elected for the ensuing year: General Nicholas Senn, of Chicago, President; Major Henry, of New York, First Vice-President; Lieutenant-Colonel Woodward, of Michigan, Second Vice-President; Lieutenant-Colonel E. Chancellor, of St. Louis, Secretary; Lieutenant Ralph Chandler, of Milwaukee, Corresponding Secretary; Colonel Francis J. Crane, of Denver, Treasurer.

The Chairman then announced the Executive Committee for the ensuing year as follows: General J. D. Bryant, of New York; General J. D. Griffith, of Missouri; Lieutenant-Colonel H. S. Burrell, Major C. F. W. Meyers, of New Jersey; and Major Lawrence C. Carr, of Ohio.

Washington City, and May, 1893, coincident with the meeting of the American Medical Association in the "City of Magnificent Distances," were selected as the time and place for the third annual convention.—*Weekly Med. Review.*

OBITUARY. — Sir William Bowman, Bart., F.R.C.S., F.R.S., LL.D., M.D., died of pneumonia on March 29th, at his country house "Joldwynds," near Dorking. He was born in 1816, at Nantwich; his father being Mr. J. Eddowes Bowman, a banker. William Bowman entered as a pupil at the Birmingham General Hospital, and, as was usual in those days, was apprenticed to a well-known surgeon, Mr. Hodgson. In 1837 he came to London and joined King's College Hospital, where, two years later, he was appointed Demonstrator of Anatomy. Here he did not confine his studies to the coarser branches of the subject, which at that time were generally held to constitute the whole of anatomy proper, but studied with the microscope the finer structure of the tissues. He also became the assistant of Todd, who was then Professor of Physiology at that institution, and subsequently his successor, his full title being Professor of Physiology and General and Morbid Anatomy. Though, in the main, Bowman's research work was histological, it was that kind of histology which is absolutely essential to the understanding of function. It falls into three chief categories: his work on the kidney, on the structure of muscle, and on the eye. Bowman's capsule, Bowman's sarcous elements, and Bowman's membrane will serve as reminders to many generations of the relation between the organs we have mentioned and the labors of the scientist whose loss we have now to deplore. He became a Fellow of the Royal College of Surgeons in 1844. In 1846 he was appointed assistant-surgeon to the Royal London Ophthalmic Hospital, and in 1851 he was appointed full surgeon. In 1880 the Ophthalmological Society was founded. By universal consent Bowman was invited to be its first president. In the welfare of this society he always took the warmest interest, and both during the three years he held the office of president and subsequently he aided it most liberally, both by contributing to its funds, by the presentation of book-cases to the library, and by his advice and assistance in every way. A little later the society founded an annual lecture—the Bowman lecture—to perpetuate the memory of his connection with the society and his services to ophthalmological science. About 1887 he began gradually to retire from practice, although until comparatively recently his opinion could still be obtained in consultation. In 1884 he was created a baron in recognition of his scientific attainments and professional eminence. Honorary degrees were conferred upon him by the Universities of Cambridge, Dublin, and Edinburgh, and he was a member of numerous medical and scientific societies, both in this country and abroad.—*British Med. Jour.*

DR. WILLIAM OSLER has wedded the widow of the late Dr. Samuel W. Gross, of Philadelphia.

DR. FRANK C. FERGUSON has retired from the management of the Indiana Medical Journal, which will hereafter be conducted by Drs. Brayton and Potter.

DR. J. HEADLEY NEALE (Physician, Leicester Infirmary) reports a case in which an attack of epilepsy occurred in a previously non-epileptic subject as a direct result of influenza.

DR. H. C. JOHNSON, of St. Paul, Minn., reports, in the Northwestern Lancet, a case of hysterical blindness, affecting a young woman 22 years of age. Total loss of vision continued for three days, after which sight gradually returned and in about a week from the beginning of the attack she could see and read as well as ever.

Dr. W. P. NORTHRUP, of New York, lately reported five cases of measles and scarlatina simultaneously occurring in the same patient.

THE tomato was cultivated in Europe as early as 1554; it was known in Virginia in 1781; in 1798 a French refugee from San Domingo introduced it in Philadelphia; an Italian painter introduced it in Salem, Massachusetts in 1802; it was used as an article of food in New Orleans in 1812; it was first sold in the markets of Philadelphia in 1829, but did not come into general use in the North until several years after this last date.—*Southern Pract.*

DR. W. E. B. DAVIS, of Rome, Ga., delivered two lectures on "The Etiology and Treatment of Inflammations of the Peritoneum," before the Alumni Associaton of the College of Physicians and Surgeons of Baltimore, in April.

THE DIETETIC TREATMENT OF OXALURIA.—Dr. A. Winckler, of Wurzburg, states that in the vast majority of cases oxaluria is due to a dietary rich in oxalic acid. For this reason the following foods and beverages are strictly to be prohibited: Cocoa, chocolate, tea, chicory-coffee, rye-bread, beans, turnips, spinach, rhubarb, salads, and fruits. In patients with an oxalic acid diathesis, in whom the oxaluria is attributable to morbid alterations of the chemical processes of digestion in consequence of fermentation of the ingesta, the consumption of sugary and starchy foods must be restricted, as well as effervescent drinks, such as seltzer-water, beer, champagne, and sour wines. The following foods may be permitted: All sorts of meats, fowl and fish, white bread and butter, small quantities of farinaceous foods, weak coffee with milk. A milk diet is highly recommended, especially when cystitis exists. If the patient dislike milk, he should drink plenty of water or sweetened chamomile tea, or other aromatic infusions. Of mineral waters the indifferent thermal waters, and especially the alkaline, earthy waters (Bruckenau, Wildungen, Contrexeville, etc.) are indicated. The patient should consume sufficient fluids that he will void at least one litre of urine per day, and the "drink cure" should be kept up for some time, until it is probable that the oxalic crystals have been thoroughly evacuated.—*Dietetic and Hygienic Gazette.*

HOW TO PREVENT LEPROSY.—We quote from the Lancet: Kunsamo, a little town in Finland, was for a long time a small but obstinate focus of leprosy. Sixteen deaths from that disease occurred there between 1774 and 1800, and 22 between 1801 and 1828. As the disease appeared to be spreading, it was determined, in 1807, to enforce isolation. A building was erected on a small uninhabited island in Lake Kitkajarvi, and the lepers were removed to that place. There they remained until 1845, when the hospital system was abolished and the medical officer of the district was instructed to visit the lepers twice a year in their own houses and to report on their condition to the authorities. These reports were made with regularity for twenty years, during which eleven cases of leprosy came under observation. After 1865 no further reports appear to have been presented, and in 1871 the medical officer reported that he was unable to find any more cases of leprosy in Kunsamo. The stamping out, within a comparatively short period, of a disease which had probably smouldered on for centuries, may be commended to the attention of the opponents of the segregation of lepers.

DIABETIC DIET.—Dr. Lauder Brunton (London) advocates, as an article of diet useful to diabetic patients, the pommes de terre frites, as cooked in France. They are not really fried, but the potatoes are cut in very thin slices, thrown into boiling oil, which browns them at once, and then they are taken out and dried. As a rule, English cooks, in attempting to make this dish, do not use enough oil, and they do not allow it to heat enough. They serve excellently to relieve the monotony of a purely proteid diet. —*Weekly Med. Review.*

THE seventeenth annual meeting of the American Academy of Medicine was held at the Cadillac Hotel, Detroit, Mich., on Saturday, June 4, and Monday, June 6, 1892. Among the papers read were: "Essentials and Non-essentials in Medical Education," the address of the retiring President, Dr. P. S. Conner, of Cincinnati; "The Value of the General Preparatory Training Afforded by the College as Compared with the Special Preparatory Work Suggested by the Medical School in the Preliminary Education of the Physician," a paper by Dr. T. F. Moses, of Urbana, Ohio; "Does a Classical Course Enable a Student to Shorten the Period of Professional Study," a paper by Dr. V. C. Vaughan, of Ann Arbor, Mich.; "The Value of a Collegiate Degree as an Evidence of Fitness for the Study of Medicine," a paper by Dr. L. H. Mettler, of Chicago, etc.

THE college yell of the Purdue School of Pharmacy is "Chondodendron tomentosum, Eriodictyon glusinosum. Wahoo! Catechu! Pharmacy, Pharmacy, '92."

POSITIVE PROOF.—An Irish woman who was suing her husband for a divorce, on the grounds of infidelity, made the statement that she had positive proof that her husband had been untrue to her.

When asked by the judge what was her proof, she replied, "O'im shure he is not the father of me last choild." Next.

A NEW chemical laboratory is about to be built at Wurzburg, for Professor Emil Fischer, at an estimated cost of 600,000 marks (£30,000).

IN the re-organization of the faculty of the Medical Department of the University of Nashville and of Vanderbilt University, for the ensuing term, the old officers were re-elected. Dr. S. S. Crockett, a well-known alumnus of the school, and formerly Demonstrator of Anatomy in the Dental Department of Vanderbilt University, was elected Demonstrator, in place of Dr. C. L. Eves, who, for several years past, has filled that responsible position. Dr. George Seay was elected Assistant Demonstrator. Assistants to the various chairs were appointed.

THE Pharmaceutical Review is the name of a new journal, published in Baltimore, Md., monthly, under the auspices of the Maryland College of Pharmacy, and is edited by Charles Gaspari, Jr.

THE Iowa Medical and Surgical Reporter is the title of a new medical monthly, issued at Des Moines, Iowa, edited by Dr. John W. Oberton.

A POLICEMAN'S wife asked the druggist for a box of "bronchitis truncheons"

THE Imperial-Royal Medical Society of Vienna is to have a home of its own as well as the sister societies in Berlin. At a recent meeting of that body the President, Professor Billroth, announced that the Emperor had offered to contribute 5000 florins for the purpose. A lady, who wishes to remain anonymous, has promised 4000 florins, and the members of the society have themselves come forward so liberally that the project will now be carried into execution without delay.

DR. ZDEKAUER, of St. Petersburg, celebrated his fiftieth anniversary in the practice of medicine, not long since.

THE Congress of French Alienists holds its annual session this year, at Blois, on August 1st.

THE Cincinnati Obstetrical Society, at its regular annual meeting, elected the following officers: President, Dr. Byron Stanton; Vice-President, Dr. Gustav Zinke; Secretary, Dr. E. S. McKee; Corresponding Secretary, Dr. C. A. L. Reed; Treasurer and Librarian, Dr. George E. Jones.

IT is said of Mrs. Partington that while gazing admiringly on St. Paul's Cathedral, in London, she expressed her emotion as follows: "Oh! venereal pile; gigantic stricture!"

THE Russian government has followed the example of Austria in ordering that physicians' prescriptions must be legibly written. In addition, physicians are prohibited by the same decree from making use of synonyms for official remedies not sanctioned by the pharmacopœia.

A SMALL girl, apparently about 5 years of age, entered a drug-store in Lockport, N. Y. the other day and asked for a bottle of cod-fish cordial, "the smallest you's got." The amazed drug-clerk could not interpret this unfamiliar term, so he called on the proprietor, who, after naming over the list of proprietary preparations, decided that Godfrey's cordial was the article wanted.—*Pharm. Era.*

THE death of Dr. F. C. Dietrich, keeper of the Botanical Museum at Berlin, is announced. He was 86 years of age.

A SOCIETY for the care of children suffering from incurable disease, without regard to social position, sex, or religious denomination, has been formed at St. Petersburg. An anonymous benefactor has given 40,000 roubles—£4000—and another has presented a site for building purposes.

DR. POPOFF, Prosector of the Nikolaeff Naval Hospital, St. Petersburg, died recently.

BEQUESTS TO HOSPITALS.—Under the will of the late Major-General George W. Cullum, of New York City, the following hospitals receive donations: The Women's Hospital and annex, $6000; the Cancer Hospital and chapel, $10,000.

Ethel—"I hear that you have been ill, Mr. Chapley."

Chapley—"I have been under the doctor's care for a week back."

Ethel—"Nothing worse? We heard it was your head."

PROFESSOR LUMNITZER, the popular Hungarian surgeon, is dead.

THE NATIONAL MEDICAL REVIEW.—Dr. Charles H. Stowell, who founded The Microscope and was its editor and publisher for seven years, retiring three years since, has just established The National Medical Review at Washington, D. C.

OPERATION FOR HERNIA.—A new operation for the radical cure of all varieties of hernia has been invented by Mr. Lawson Tait. He opens the abdomen in the median line, draws up the intestines from within and closes the ring in the inside with silk-worm-gut sutures.

VOLUNTARY SUBLUXATION OF THE KNEE PRODUCED BY MUSCULAR ACTION.—At a meeting of the New York Academy of Medicine Dr. R. H. Sayre showed a child of fourteen months, presenting this condition. The mother first noticed this condition when the child was eight months old. When he was excited the right knee is pushed in and out with a distinct click. The child was born after a normal labor, and there was no history of injury. He proposed to apply a splint in order to retain the knee in position.

THE German Parliamentary Commission on Education have unanimously decided to submit to the government for consideration the petition of the various women's associations in Germany, asking for the admission of female students to the universities.

THE Municipal Council of Paris has subscribed 5000 francs for a memorial to Ricord.

A NEW guard against accidents from taking the wrong medicine has been adopted in Germany. The idea is not a new one, but, as far as we know, this is the first time it has ever been adopted as a legal regulation. Commencing with January 1, 1892, all druggists in Germany are obliged to dispense liquids intended for internal use in round bottles, while those preparations for external application must be put up in hexagonal bottles. Those medicines intended for external use, in addition to the precaution of being dispensed in hexagonal phials, must be labeled as follows: "Pursuant to the decree of the Federal Council of July 2, 1891, medicines intended for external use dispensed by apothecaries, shall be placed in hexagon-shaped phials." Such a law in this country would work a revolution in the style of bottles used by druggists. At the present time there is scarcely any limit to the shapes adapted to suit the fancies of various manufacturers.—*Meyers Bros.' Druggist.*

THE teaching of M. Guyon is carried on every day at half-past nine, when he makes his visits to the wards, and when the examination of the patients and clinical teaching take place and ordinary operations (explorations, urethrotomies, etc.) are performed. On Wednesday, at 10 o'clock, a clinical lecture is given in the amphitheatre, followed by operations. The major operations, such as lithotomy, resection of the urethra, external urethrotomy, nephrotomy, nephrectomy, and nephrorrhaphy are usually reserved for Wednesdays. On Saturday, at 10 o'clock, out-patients are seen; new patients are seen and examined, after which ordinary operations, especially lithotrities are performed. Every morning at half-past nine out-patients are treated (washing out, dilatation) by the pupils under the direction of an *interne*.—ERNEST HART, in *Brit. Med. Journ.*

PROFESSOR VIRCHOW has been elected President of the Berlin Medical Society.

EDITORIAL CHANGES.—Owing to the large amount of work incident to the position of Secretary-General of the Pan-American Medical Congress, Dr. C. A. L. Reed finds it necessary to sever his relations as associate editor with the New England Medical Monthly, the Medical Mirror, and the Journal.

The position made vacant by the resignation of Dr. Reed will be filled by Dr. James F. W. Ross, of Toronto. Dr. Ross is a writer well known in the literature of abdominal and pelvic surgery, and will bring to the Journal a knowledge and judgment born of large experience.

ELECTROCUTION is to be abolished in New York. The legislative committe will report favorably a bill to that effect, and the old-fashioned hanging will be substituted. Hemp is cheaper and more effective.

DR. REGINALD H. FITZ has been appointed Professor of Theory and Practice at the Harvard Medical School in place of Dr. Francis Minot, who resigned. Dr. W. W. Gannett will probably have Dr. Fitz's old Chair of Pathology.

DR. A. B. RICHARDSON has resigned his position as one of the trio of editors of the Lancet-Clinic, having been appointed superintendent of the Columbus, O., Insane Asylum.

A NEW medical college is to be opened in Columbus, O., in September. It is to be a department of the Ohio Medical University. We understand that Dr. R. H. Reed will hold the Chair of Surgery in all of its departments. Recitations and clinics will constitute the method of instruction.

THE Medical News of Cincinnati has discontinued publication owing to the death of Dr. J. Thacker, who was its editor and publisher.

A DEMONSTRATION OF NAIL AND GLASS-EATING.—A laparotomy and gastrotomy were made at the City Hospital, this city, on a patient who had been in the habit of eating nails, screws, glass, etc., for dime-museum exhibitions, during the past eight years.

In this case the truth of the claims was demonstrated by finding, in the disabled stomach, a great mass, a pound or so of shingle-nails, sharp-pointed tacks, screws of various sizes, and broken-up glass; and this, after a considerable quantity of such material had been gotten rid of by emesis.

Dr. Marks, superintendent of the hospital, vouches for the facts as given, and further asserts that, notwithstanding the belief of some that the stomachs of such glass-eaters are somewhat differently constructed from those ordinarily

in use, this one presented no abnormal properties. The patient, before the operation, was suffering acutely, and had been much reduced by the ill-effects of the foreign bodies. He died within twelve hours of the operation.—*Fortnightly Med. Review.*

THE next meeting of the Southern Surgical and Gynæcological Association will be held in Louisville, Ky., November next. President, Dr. J. McFadden Gaston, Atlanta, Ga.

THE New York Pathological Society elected the following officers for the following year: President, Dr. H. P. Loomis; Vice-President, Dr. J. C. Thacher; Secretary, Dr. O. C. Ludlow; Treasurer, D. J. H. Hinton; Editor, Dr. G. C. Freeman; Commission on Admission and Ethics, Drs. R. H. Sayre, H. D. Stearns, J. C. Ely, and S. T. Armstrong.

PROFESSOR F. B. POWER has severed his connection with the School of Pharmacy of the University of Wisconsin. Professor Power will hereafter reside at Passaic, N. J., where the preparation of volatile oils and allied products will be carried on under his direction, affording him ample opportunities for continuing his researches in a congenial field. Previous to his departure from Madison a farewell banquet was tendered him by his friends at the hotel Van Etta, on the evening of March 23d.

THE Massachusetts College of Pharmacy has filled the vacancy occasioned by the death of Professor Pengra, by calling Dr. R. W. Greenleaf, who had been for some time connected with the college, to the Chair of Materia Medica and Botany. In the same college the Chair of Pharmacy became vacant through the resignation of Professor Patch, owing to the demands upon his time by business affairs. This vacancy was filled by the appointment of Professor G. F. H. Markoe, who has been a member of the faculty since the college became a teaching institution, in December, 1867.

IT is taken for granted that the idea of boiling water before using it as a beverage is of relatively recent date.

A manuscript, however, has just been discovered in the Khedive's library, at Cairo, which corrects this false impression. This manuscript treats of hygiene in Egypt, and is the work of a celebrated Arabian physician, Ebn-Radouan-el-Maszy. It bears the date of the year 460 of the hegira (1068).

In this manuscript it is said "that the best method of setting water free from principles injurious to health consists in first submitting it to the action of heat, by boiling it, then exposing it to the coolness of the night-air, decanting it, boiling it a second time, clarifying it by mingling chalk with it, and, finally, filtering it through a porous jar exposed to the night-air."

Water which has been thus treated, says the Egyptian physician, is ready for drinking.—*Times and Register.*

PROFESSOR KUSSMAUL, who recently celebrated the completion of his seventieth year, has, in memory of his student days at Heidelberg, given a sum of 10,000 marks (£500) to the Luise Sanatorium in that city, for an endowment, to be called by the name of a daughter who died in early youth.

THE first dental journal in Hungarian has recently begun to appear at Budapest, under the title of the Odontoskop. The editor is Dr. Josef Iszlai.

THE Italian journal entitled Archivio Italiano per le Malattie Nervose e Mentali, lately edited by Professor Verga and Dr. Biffi, has been incorporated with the Rivista Sperimentale di Freniatra, which is henceforth to be known as the Rivista ed Archivio di Psichiatria. In like manner, La Psichiatria, of Naples, has been incorporated with the Giornale di Neuropatologia, and now appears under the title of Annali di Nevrologia.

THE meeting of the French Association for the Advancement of Science will take place this year at Pau, from September 15th to 22d.

THE University of Kieff has, for the first time, granted the diploma of Apothecary to a woman. The name of the lady is Miss A. M. Makarowa.

NEW CHAIRS AND PROFESSORS AT THE JEFFERSON MEDICAL COLLEGE.—The Board of Trustees of the Jefferson Medical College, at their meeting, April 7, 1892, instituted a chair of Clinical Gynæcology, with a seat in the faculty, and elected to the new chair Dr. E. E. Montgomery, who has been, for a number of years, Professor of Gynæcology in the Medico-Chirurgical College. They also established the following clinical professorships, electing Dr. F. X. Dercum, Professor of Nervous Diseases; Dr. E. E. Graham, Professor of Children's Diseases; Dr. H. Augustus Wilson, Professor of Orthopædic Surgery; Dr. H. W. Stelwagon, Professor of Dermatology; and Dr. W. M. L. Coplin, Adjunct Professor of Hygiene.

THE old College of Anatomy building, corner of Tenth and Medical Streets, has been sold. It will be torn down, and a new building for manufacturing purposes erected.

SIR OSCAR CLAYTON'S will was proved at upwards of £150,000 personal property. Among other bequests he leaves his house in Harley Street and £2000 to his friend, Mr. Hickman, M.B. Sir Morell Mackenzie's will is proved at upwards of £21,000 personal property.

MEDYCYNA, the well-known medical journal of Warsaw, Poland, is to be edited by Dr. G. J. Dobrinski, the former editor, Dr. Fritsche, having died recently.

DR. WLADISLAW FRANKEWSKI, an honorary member of the Medical Society of Charkow, celebrated his semicentennial as a physician, the city officials joining in the festivities.

Professor—"Where do we find squamous epithelium?"

Student—"The favorite situation is the squamous portion of the temporal bone."

Professor—"Ah! indeed! then what does the professor of dermatology mean when he speaks of squamous skin disease?"

Student—"Oh! yes, sir. I forgot. We find that variety of epithelium most common in certain affections of the skin."

Professor—"Shades of Dalton!"—*Western Med. Reporter.*

VARIATION IN THE NUTRITIVE VALUE OF POTATOES.—Chemical analyses have demonstrated that potatoes lose much of their nutritive value in the months of June and July. Even the new potatoes of this period contain little nourishment, and must be taken with other foods. The chemist Stockhardt has shown that potatoes contain 10 per cent. of starch in August, 14 per cent. in September, 15 per cent. in October, 15 in November, 17 in December, 17 in January, 16 in February, 15 in March, 12 in April, and 10 in May. Hence, potatoes are most nutritious in winter time.—*Clin. et Presse Medicale Belge; Dietetic and Hygienic Gazette.*

INSIDIOUS MARROW LESIONS OF MAMMARY CARCINOMA.—Dr. Herbert Snow describes cases of mammary cancer followed by insidious lesions of the marrow of bones. These cases are characterized by wearing rheumatic pains in the muscles and bones, often disturbing the sleep at night. It differs from true rheumatism in not specially affecting the articulations, and it resembles it in being often alleviated by salicylates internally. The chief localities where pain is complained of are the loins, the shoulder, and upper arm down to the elbow, on the same side as the disease, and the adjoining scapula. With this, the patient appears often to suffer from a general sense of debility and overwhelming lassitude, is often confined to bed, becomes sallow, and her health unmistakably deteriorates. The symptoms Dr. Snow has not observed in connection with any other form of malignant disease but breast cancer. The marrow of bone, when extensively infiltrated, becomes opaque, white; its ordinarily delicate adipose reticulum is replaced by tough, fibrous-looking tissue, which shows the characteristic acini of scirrhous cancer.—*Montreal Med. Journal.*

TUBERCLE BACILLI IN THE SEMEN.—Foa reported to the Turin Academy of Medicine, on February 12th, that in the body of a man who had died of disseminated tuberculosis (pharynx, larynx, lungs, intestine, kidneys, prostate, rectum), the vesiculæ seminales were full of semen, which was found to be swarming with tubercle bacilli. The other genito-urinary organs were healthy.—*Gazz. degli Ospitali.*

GONORRHŒA IN THE FEMALE, AND GALVANISM.—Prochownick, in cases of gonorrhœa in women, tested the antimycotic action of the positive pole of the galvanic current. The anode was introduced into the uterine canal and one hundred and twenty milliampères passed for ten minutes. There were gonococci in the uterine discharge before treatment, but they disappeared after five treatments, and the discharge became thin and watery after six or seven *séances*. The anode was introduced in this way, as the female urethra is unable to tolerate more than forty milliampères, and that is too weak a current to destroy the specific germs.—*Brit. Med. Journ.*

THE CONGRESS OF GERMAN SCIENTISTS AND PHYSICIANS.—In connection with the Congress of German scientists and medical practitioners which is to be held at Nüremberg in September, there will be an exhibition of mathematical, physical, surgical, and optical instruments. A Festschrift is also in preparation, under the editorship of Drs. Beckh and Goldschmidt, and Herr Hecht, a well-known architect; it is to consist of one hundred and thirty sections, which will contain all possible information about the ancient city of Nüremberg, its medical, scientific, charitable, and sanitary institutions; its vital statistics, its commerce, its climate, its fauna (including, we presume, the varieties of fleas in its different hostelries), flora, etc.

PROFESSOR VON KÖLLIKER.—Professor von Kölliker celebrated the fiftieth anniversary of his graduation as Doctor of Medicine on March 26th. The illustrious histologist and embryologist, who was born at Zurich on July 6, 1817, began the study of medicine in the university of his native city in 1836, migrating afterward successively to Bonn and to Berlin, where he worked under Friedrich Arnold, Johannes Müller, and Jacob Henle. After taking his degree at Heidelburg, he was appointed Extraordinary Professor at Würzburg in 1845, being promoted to the Ordinary Professorship two years later. There he has remained ever since, shedding lustre on the university which has the good fortune to claim him as its own by discoveries ranging over nearly the whole field of minute anatomy and embryology. His principal works have been translated into most European languages, and his name is a household word in every medical lecture-room throughout the civilized world.—*Brit. Med. Jour.*

BOOK REVIEWS.

What to Do in Cases of Accident. By B. MERRILL RICKETTS, Ph.B., M.D. Cincinnati, O.: James Barclay, Printer, 124 Canal Street, 1892.

The preface of this little book of sixty-one pages so admirably describes the contents that it may be inserted in this review. The title of this book indicates its purpose:—

"In preparing it the author has endeavored to arrange and condense in such a manner that there will be but little difficulty in finding and understanding any paragraph it contains. It will occupy but little space in either the satchel or pocket, and will be found useful. If it should ever be the means of saving a human life, or that of an animal, the author will feel repaid for the effort he has made. Some of the plates used in this book have been loaned by the Society for Instruction in First Aid to the Injured of New York, and are the same plates used in the handbook of that Society. The following authors have been consulted: Professors Friedrich Esmarch, B. G. Wilder, and Bowditch Morton."

Careful examination of the pages of this book shows that it will prove of much value to the younger members of the profession especially. None can scan its pages without benefit.

L. V. B. M.

Cerebral Meningitis: Its History, Diagnosis, Prognosis, and Treatment. By MARTIN W. BARR, M.D., Resident Physician in the Pennsylvania Training School for Feeble-Minded Children, etc. George S. Davis, Detroit, Mich, 1892.

The author has essayed to present, in as succinct a manner as possible, the various forms of meningitis, together with the general history of the disease and its treatment. He has selected the views of the best-known writers on the subject, adding to them his own observations from practical experience.

Medical Society of Franklin County: Its History, and Sketches of the Early Practitioners of the Country. By JOHN MONTGOMERY, M.D., Chambersburg, Pa. J. R. Kerr & Bro., Printers, 1892.

An essay of this kind is creditable to the author, and of interest to the profession at large, but more particularly to those who practice medicine in Franklin County of this State. Dr. Montgomery has performed his labor of love in an excellent manner, and, without doubt, his colleagues are proud to join with him in celebrating the worthy and useful lives of their predecessors. The men whose lives are briefly described strove, to the best of their ability, to perform the duties of their position, and their characters were such as to reflect honor upon the communities in which they dwelt.

Recherches Bacteriologiques sur les propriétés antiseptiques de l'Ichthyol. Par M. le DR. LATTEUX, Clermont (Oise), 1892.

Bacteriological Studies of the Antiseptic Properties of Ichthyol. By DR. LATTEUX, Clermont, 1892.

In this pamphlet the author describes the effect of ichthyol upon cultures of the microbes of suppuration, erysipelas, typhoid fever, pleurisy, pneumonia, gonorrhœa, and also upon the trichophyton fungus. He found that 3- or 4-per-cent. solutions prevented the growth of these organisms, with the exception of the streptococcus pyogenes, which required the use of 6- or 7-per-cent. solutions.

Report Relating to the Registration of Births, Marriages, and Deaths, in the Province of Ontario, for the Year ending December 31, 1890. Printed by order of the Legislative Assembly, by Warwick and Sons, 68 and 70 Front Street, West, 1892.

Tables of registration are of great value to the sociologist and sanitarian. From a close study of such lists our knowledge of the influence of occupation, civilization, locality, season, etc., has been rendered much more precise. The volume before us presents a mass of statistical matter of especial interest and importance to the population of Ontario.

The Uses of Water in Modern Medicine. By SIMON BARUCH, M.D., vol. ii. George S. Davis, Detroit Mich., 1892.

An agent so abundant, so powerful and free to all, should be more extensively, systematically, and intelligently used in therapeutics than it is at present. Dr. Baruch has devoted much thought to the subject of hydrotherapy, and has written a book which should be useful to every physician. In this volume he describes the various methods of applying water, devotes four chapters to clinical illustrations of the advantages following its use, and a final chapter to a summary of conclusions. By means of the thermometer, pressure-gauge, and watch, we are able to regulate with accuracy the effect of the remedy. Water possesses an especial recommendation, in the fact that it often succeeds in chronic diseases which have resisted treatment by drugs. Chapter VIII, treating of the use of hydrotherapy in phthisis, is of practical interest. An appreciation of its importance in chronic rheumatism and various disorders of the nervous system will materially aid the physician.

CURRENT MEDICAL LITERATURE

Ten Attacks of Appendicitis Within Eleven Months; Operation; Cure. By Eugene P. Bernardy, M.D.

Circular of Information for Medical Men who may be desirous of entering the United States Army Medical Department.

Do the Sanitary Interests of the United States demand the Annexation of Cuba?

Seventh Annual Report of the Philadelphia Polyclinic and College for Graduates in Medicine. Organized December 21, 1882; Incorporated March 19, 1883. Embracing the Polyclinic Hospital, the College Department, and the Second Annual Report of the Ladies' Aid Society of the Polyclinic Hospital, 1890.

One Hundred and Seventh Annual Catalogue of Dickinson College. Academical Year, 1889–90.

Department of Medicine (Yale Medical School).

Ueber die Anwendung des Ichthyols bei Frauenkrankheiten. Von Dr. H. W. Freund, I. Assistant.

Ueber den inneren Gebrauch des Ichthyols. Von Geheimrath Dr. von Nussbaum in München, o. Professor a. d. Königl. Universität, Ritter, Vorstand der Chirurg. Klinik, Ober-Arzt der chirurg. Abtheilung des Stadt-Krankenhauses, General-Stabs-Arzt à la suite.

First Annual Meeting and Banquet of the Pennsylvania Scotch-Irish Society, at the Hotel Bellevue, Philadelphia, February 13 1890.

Statistique des vaccinations au moyen des cultures du microbe atténué de la fièvre jaune, pendart l'épidémie de 1888–89. Par le Dr. Domingos Freire, Professeur de Chimie Organique et biologique à la Faculté de Médecine de Rio Janeiro, membre du Collège Medico-Chirurgical de Philadelphie, etc.

Twenty-second Annual Report of the New York Orthopædic Dispensary and Hospital (for Children with Spine- and Hip-Diseases and other Deformities), for the Year ending September 30, 1889.

The Trisection of the Angle, being a Problem in Geometry that has baffled the efforts of Mathematicians up to the present day now solved for the first time. By John A. Lanigan, B.A., M.D.

Report of the Section on Practice of Medicine. 1. The Relation of Dusty Occupations to Pulmonary Phthisis. 2. The Present Aspect of the Question as to the Etiology of Pneumonia. 3. The More Recent Treatment of Pulmonary Phthisis. By William B. Canfield, A.M., M.D., Chief of Chest Clinic, University of Maryland.

Lesions of the Cauda Equina: Hæmorrhage into the Cauda Equina, Fracture of the Spine with Hæmorrhage into the Cauda Equina, Fracture of the Spine with Hæmorrhage into the Lumbo-sacral Spinal Cord and Cauda Equina. A Clinical Lecture, delivered at the Philadelphia Hospital, November 23, 1889. By Charles K. Mills, M.D., Neurologist of the Philadelphia Hospital; Professor of Diseases of the Mind and Nervous System in the Philadelphia Polyclinic.

Twenty-ninth Annual Report of the Board of Managers of the Woman's Hospital of Philadelphia.

Alopecia Areata, due to Traumatism. By A. H. Ohmann-Dumesnil, Professor of Dermatology, St. Louis College of Physicians and Surgeons.

The Treatment of Sycosis. By A. H. Ohmann-Dumesnil, Professor of Dermatology, St. Louis College of Physicians and Surgeons.

Mineral Springs of the United States. By Judson Deland, M.D., Instructor in Clinical Medicine in the University of Pennsylvania, and Assistant Visiting Physician to the University Hospital Philadelphia.

Proceedings and Papers of the State Sanitary Convention, held at Lewisburg, Union County, Pa.

Proceedings of the National Conference of State Boards of Health, held at Cincinnati, Ohio, May 4, 1888.

Abdominal Section for Traumatism, with Tables of Two Hundred and Thirty-four Cases. By Thomas S. K. Morton, M.D., Professor of Clinical Surgery in the Philadelphia Polyclinic; Surgeon to the Polyclinic Hospital; Member Out-Department Staff, Pennsylvania Hospital; Assistant-Surgeon to the Orthopædic Hospital and Infirmary for Nervous Diseases, etc., Philadelphia.

Hæmoglobin Compound, or Bullock's Blood in Therapeutics. By F. E. Stewart, M.D., Ph G.

Medical Progress. By C. R. Earley, M.D., of Ridgway, Pa.

Illustrative Cases of Congenital Club-foot. By H. Augustus Wilson, M.D., Professor of General and Orthopædic Surgery in the Philadelphia Polyclinic and College for Graduates in Medicine, etc.

Reprint from Pacific Medical Journal, San Francisco, May, 1891.

Influence of Heredity in Producing Disease and Degeneracy: The Remedy. An Address Delivered before the Indiana State Medical Society, June 10, 1891. By Gonzalva C. Smythe, A.M., M.D., of Greencastle, Ind., President of the Society.

Our Public Institutions as Sources of Impairment of Vision. By J. A. Lippincott, A.B., M.D., Pittsburgh, Pa.

President's Address. A Page of Medical History: Molière and the Doctors. By W. J. Conklin, M.A., M.D., Dayton, Ohio.

COMMERCIAL NEWS.

The Bovinine Company.

This well-known corporation has leased the extensive premises, No. 65 South Fifth Avenue, New York City. They have refitted the interior with all the modern appliances for handling their constantly-increasing business with dispatch. In fitting up the offices much taste has been displayed, and they are in every way worthy of the famous product, whose business will be conducted from this location hereafter. The Bovinine Company will be pleased to welcome their friends and patrons to their new quarters.

Messrs. Reed & Carnrick:—

Following is an extract from an editorial in a recent number of the Times and Register. In speaking of milk the writer says it is "variable in composition, disease transmitting, liable to adulteration, prone to decomposition, apt to absorb disease, of the utmost difficulty to preserve, a culture ground for almost every known disease-germ; if there is a Boa quality which a food can have, which may not be found in milk, the writer knows it not." All of which, after an experience of thirty-six years, I believe to be true; and I will add that if there is a better Infant Food (except the mother's milk) in the world than Reed & Carnrick's Soluble Food and Lacto-Preparata, I have not heard of it. Respectfully,

J. C. Rutter, M.D.

Bloomsburg, Pa., August 15, 1890.

Chronic Rhinitis.

In the remedial treatment, the following has proven of service, used with the atomizer twice or thrice daily. If used as a douche, dilute with two or three parts water. Note: The iodine is decolorized in preparation, a clear solution of light amber color resulting:—

℞ Sodii boras, . . . ℥ss.
Sodii bicarb., . . . ℥j.
Aquæ puræ, . . . ℥ij.
Dissolve and add
Acid. carbol., . . . gr. xv.
Tr. iodi, ... ℥iij
Listerine, . . q. s. ft. ℥vj.—M.

Catarrhal Cystitis: Patient Steadily Improved and Now Seems Entirely Well.

I prescribed Sanmetto for a patient who had been a great sufferer with catarrhal cystitis, and who had undergone for a long time the classical routine of treatment, including frequent injections into the bladder of various medicaments, but no permanent benefit was achieved, till she began the use of Sanmetto, since which time she has steadily improved, and now seems entirely well. I was so forcibly impressed with its beneficial action in this case, that I immediately ordered my druggist to keep it in stock, and I now prescribe it in a number of cases of prostorrhœa and in gleet, with most gratifying results.

Thomas J. Bowles, M.D.

Muncie, Ind.

The Philadelphia Natatorium.

From personal experience we are able to give our unqualified indorsement to the following testimonials, and at the same time commend J. W. Payne and his health-preserving institution to the profession:—

A boy in the country, after "going a-swimming" for some two or three years, at length works out for himself the rules of the art, having previously been exposed during all that time to the risk of getting beyond his depth and drowning. A boy placed in the hands of Mr. Payne is supplied, first of all, with the rules, and is taught gradually to apply them under the eyes of a teacher. The result is, that without danger he is in a few weeks a good swimmer, and can practice in the art wherever he goes—being also free from all risks in case of accident upon the water. I think the Natatorium a most admirable school.

Casper Wister, M.D.

I fully concur in the opinion of Dr. Wister, believing that the exercise of swimming is excellent when properly made use of; but also believing that in the case of children it is often abused. The presence of a teacher, therefore, who shall insist upon its use being limited within proper periods, is, I am sure, very essential.

J. Forsyth Meigs, M.D.

Insomnia of Drunkards.

℞ Bromidia (Battle), . . 2 ounces.
Celerina (Rio), . . . 2 ounces.
M. Sig.: Teaspoonful, repeated as necessary.

Wm. K. Griffin, M.D., Daniel, S. C., says: I was induced to try your Celerina in my own case, having been troubled with periodic attacks of neuralgia for several years past, during which time I tried different remedies for relief, but with no permanent good effect. Having now used nearly a bottle of Celerina, I am thoroughly satisfied with its remedial effects in this particular affliction, and truly thankful to say its results have been most excellent and gratifying in my case. Since I commenced the use of Celerina my attacks of neuralgia have been less frequent, intervals much longer, and my nervous system greatly benefited by its tonic influence. As a nervine I esteem it very highly, and without any exaggeration feel fully justified in saying it is an invaluable therapetic agent, and can cheerfully recommend it to the medical profession as one of the very best nerve tonics. Pleasant, soothing, and greeable to the taste, it is emphatically a most excellent preparation, a *sine qua non* in every case.

"Permitted Natural Sleep."

Gentlemen:—

Have tried Antikamnia in various neuroses due to menstrual irregularities. It calmed the nervous excitement, relieved the pains, and permitted natural sleep. I shall use it hereafter with pleasure. V. R. Tomlinson, M.D.

Indianapolis, Ind., August 23, 1890.

Thompson's Malted Beef.

Physicians need now have no hesitation in prescribing this excellent preparation. Extended facilities and improved appliances will enable the manufacturers to promptly fill all orders from this date.